

He was very engaged in the community. As one of the founding members of the Texas Stonewall Democrats, Mr. Bratka inspired colleagues to run for local positions to improve our community.

Mr. Bratka left his mark on Fort Worth by standing up for those who had no voice and mentoring dozens of local chairmen to help them become qualified representatives.

Mr. Bratka is survived by his husband, Tim; sister, Connie Benjamin; brother, Lex Bratka, and his wife, Patty Burwell; four nieces; and eight great-nieces and -nephews.

Mr. Bratka's leadership and legacy in the Fort Worth community will be celebrated this Saturday at the Southside Preservation Hall.

Mr. Bratka was a great guy to everyone who knew him, and everyone is sad for his loss but remember him fondly for just being a great person.

□ 0915

NO TAXPAYER FUNDING FOR ABORTION AND ABORTION INSURANCE FULL DISCLOSURE ACT OF 2015

Ms. FOXX. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 42 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 42

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 7) to prohibit taxpayer funded abortions. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the Majority Leader and Minority Leader or their respective designees; and (2) one motion to recommit.

The SPEAKER pro tempore (Mr. HULTGREN). The gentlewoman from North Carolina is recognized for 1 hour.

Ms. FOXX. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Ms. FOXX. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Ms. FOXX. Mr. Speaker, House Resolution 42 provides for a closed rule allowing consideration of H.R. 7, the No Taxpayer Funding for Abortion Act.

Since 1973, at least 52 million children's lives have been tragically taken

by abortion in the United States. It is unconscionable that in America, where we fight for life, liberty, and the pursuit of happiness, we tolerate this systematic extermination of an entire generation of the most vulnerable among us.

In the midst of that darkness, there has been one area of consensus, Mr. Speaker: protecting taxpayers from paying for a practice they sincerely oppose. Since 1976, the Hyde amendment, which prohibits the Federal funding of abortions, has been included in relevant appropriations bills. Each year it has been consistently renewed and supported by congressional majorities and Presidents of both parties.

NARAL, an abortion advocacy group, has suggested that prohibiting public funds for abortion reduces abortion rates by roughly 50 percent. That means that half of the women who would have otherwise had a publicly funded abortion end up carrying their baby to term.

In 1993, the Congressional Budget Office estimated that the Hyde amendment prevented as many as 675,000 abortions every single year. That means that millions of Americans are alive today because of the Hyde amendment. After 38 years, it is time for this lifesaving amendment to become permanent law.

When Barack Obama was elected in 2008, a myriad of long-established laws, including the Hyde amendment, created a mostly uniform policy that Federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, with only narrow exceptions.

Unfortunately, ObamaCare destroyed that longstanding policy, bypassing the Hyde amendment restriction and paving the way for publicly funded abortions. The President's health care law authorized massive Federal subsidies to assist millions of Americans to purchase private health plans that will cover abortions on demand. In other words, Mr. Speaker, hard-earned taxpayer dollars are now being used to pay for elective abortions. This is simply unacceptable.

H.R. 7 will codify the principles of the Hyde amendment on a permanent, governmentwide basis, which means that it will apply to longstanding Federal health programs such as Medicaid, SCHIP, and Federal employees' health benefits, as well as to new programs created by ObamaCare.

H.R. 7 prohibits the use of Federal funds for abortions. It does so by, one, prohibiting all Federal funding for abortions; two, prohibiting Federal subsidies for ACA health care plans that include coverage for abortion; three, prohibiting the use of Federal facilities for abortion; and four, prohibiting Federal employees from performing abortions.

This commonsense measure, which restores a longstanding bipartisan agreement, protects the unborn and prevents taxpayers from being forced to fund thousands of abortions.

For these reasons, I urge my colleagues to vote to respect our Nation's consensus on abortion funding and affirm life by voting in favor of this rule and H.R. 7.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, down the hall in the old House Chamber stands Clio, Muse of History. Perched atop the room, she is riding the Chariot of Time. She has watched silently over the proceedings of this House since 1807. And in the folio that rests in the crook of her arm, she records every move, large and small, for the benefit of all generations, past, present, and future. What she is recording today is, I am certain, a disappointment.

The proceedings playing out before us today show a blatant, overt disrespect for the time-honored rules of this House, first written by Thomas Jefferson in 1801.

The bill that was supposed to come to the floor today, a bill that would have stripped women of their right to constitutionally protected medical care, was so odious and destructive that some of the women of the Republican Conference rebelled against it. It was based on unsound and fictitious science and caused such a meltdown in the Republican Conference that the House majority pulled it from the floor for fear that it wouldn't pass. But something had to be done because visitors were coming to town for the 42nd anniversary of the landmark Supreme Court decision *Roe v. Wade*.

On this day, there are floods of visitors here in the Nation's Capital to fight against that ruling, to protest that decision, and to raise their clarion call against a woman's right to choose.

In this current Congress, this bill was not brought to us under regular order—as not many are. It had no committee action. It had no hearings, no markup, no witnesses testified in favor or against it, and it came out of the Rules Committee and to the floor today under a closed rule.

One of the ever-ready alternatives came to us late last night, and it is even worse than the one it replaced. It seems that the majority has an endless supply of bills attacking women's health. Can't pass this one? Grab another. Can't pass that one? Just take the next one. Their insistence on attacking women's health seemingly knows no bounds.

Because this bill has not seen any committee action in the current Congress, no one has been able to read it or to weigh in on it or amend it, and some of us would like a clarification on the sordid history of this bill.

In the earliest version of this bill, which was in the 112th Congress, there was a phrase that lit a firestorm across the Nation. It was "forcible rape." The bill was, indeed, the one that would have required women to prove that

their rape was “forcible” so it could be categorized as “legitimate.” Has nothing been learned here?

The next iteration of the bill, in the 113th Congress, included a provision—and listen to this, America—that would have required the IRS to audit women who had had abortions to ensure that the pregnancy that they terminated had been the result of rape or incest.

This extreme legislation, which is a dust-covered holdover from the last Congress, was originally sponsored by a man, originated from a subcommittee composed of 13 men, and was passed out of the Judiciary Committee with the votes of 21 Republican men. Remember those pictures, America, all of those men sitting there deciding what women’s health would be about? It is a perfect illustration of a problem we have had for a long time, that men in blue suits and red ties determine what women can and should do when it comes to their own health or bodies.

This bill is absolutely a solution in search of a problem. As Ms. FOXX pointed out, all this is taken care of. There is no tax money for abortions. The bill in its current form would permanently prohibit low-income women, civil servants, District of Columbia residents, and military women from accessing a full range of reproductive services by codifying the Hyde amendment, which unfortunately already requires no taxpayer funds be spent on abortions except in very limited services. It has been this way for decades. Congress should be repealing these unfair and discriminatory bans, not doubling down on them.

Are these provisions still in the current bill text before us? We have had no chance to check, and it has been awhile since we have seen this bill.

This display is a messaging opportunity and another attempt to dismantle the Affordable Care Act. This bill not only threatens women who buy their insurance on public exchanges with Federal tax credits but also threatens women who use their own private money to pay for their health insurance on the exchanges. Experts tell us this would jeopardize the availability of abortion coverage for all women, no matter where they buy their insurance.

When the House considered this bill in the previous Congress, it was attempt number 49. Today, it is attempt number 55. That is right, ladies and gentlemen, 55 votes the majority has held in this Chamber to take health care away from their own constituents. The House majority has wasted nearly \$80 million of taxpayer money to destroy the Affordable Care Act.

Infrastructure money, anyone?

Time and again, we see the House majority turn their backs on the people they represent and force an extreme agenda, one filled with poison pills that would take our country backward, backward to a time when women died from back-alley abortions; backward to a time of women in desperate

circumstances seeking illegal procedures performed by strangers with dirty hands in unspeakable conditions; backward to a time when medical choices were not the choice of the woman, but of the public; backward to a time when women who “got themselves into trouble” by getting pregnant could not work and could not go to school.

These choices are personal. They are not public. A woman’s actions regarding her own reproductive health should include anyone she deems appropriate, not politicians in Washington or State capitals scoring political points off her health care.

With that, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, as my colleague knows, this legislation is identical to H.R. 7, which passed the House last Congress after moving through regular order, including a full committee markup.

Madam Speaker, I yield 5 minutes to the distinguished gentleman from New Jersey (Mr. SMITH), one of the strongest champions of life in this House.

Mr. SMITH of New Jersey. Madam Speaker, I thank my friend for yielding and for her leadership, and for reminding us that this bill passed the House last year in identical form. The only thing changed are the dates, because obviously they had to be updated. It is a 12-page bill which can be very quickly read by any Member. And the only reason we have to be here is because the Senate wouldn’t provide a vote on it. So the Senate just shelved it, and we are now bringing it back up on the floor.

Madam Speaker, because abortion dismembers, decapitates, or chemically poisons unborn children to death—the part of abortion that my friends on the other side of this issue have a keen reluctance to not look at and to avoid, abortion methods—we know we will soon have the pain-capable legislation on the floor, and it will come to the floor. We know that children suffer excruciating pain from dismemberment. Piece by piece, a child is literally pulled apart—arms, legs, torso, and decapitation. That is the reality of abortion, Madam Speaker.

Because of all of this, Americans have consistently demanded—and now in ever-growing numbers—that public funds not pay for abortion. I would point out to my colleagues that yesterday the Marist Poll found that 68 percent of Americans oppose taxpayer funding for abortions, and that includes 69 percent of women; 71 percent of the next generation, the millennials, oppose taxpayer funding for abortion.

Madam Speaker, H.R. 7 will save lives. We know the Hyde amendment has probably saved at least 1 million lives, children who are on soccer fields today or in school, perhaps even getting married, people who live because the Hyde amendment has been in effect since the 1970s. Over a million children are alive because of that restriction of abortion from Medicaid funding.

□ 0930

H.R. 7 seeks to accomplish three goals. It makes the Hyde amendment and other current funding prohibitions permanent, so they don’t have to be included in the annual appropriations bills. It ensures that the Affordable Care Act faithfully conforms with the Hyde amendment, as promised by the President.

It provides full disclosure, transparency, and prominent display of the extent to which any health insurance plan on the exchange funds abortion. Now, that is all being done stealthily, hidden from the consumer. They have no idea when they are buying a plan that the plan is paying for abortion on demand.

Let me remind my colleagues that in the runup to passage of the Affordable Care Act, Americans were assured by President Obama himself, right there at the podium, and he said in September of 2009 that “under our plan, no Federal dollars will be used to fund abortion.” That is the President’s word.

He also said on March 24, 2010, in order to get a number of pro-life Democrats, he gave them his word and wrote that the Affordable Care Act “maintains current Hyde amendment restrictions governing abortion policy and extends those restrictions to newly created health insurance exchanges.” Nothing, Madam Speaker, could be further from the truth.

We asked the General Accountability Office last year to look into how many of these plans were paying for abortion. They came back and said well over 1,000 insurance plans on the exchange were funding abortion on demand, completely contrary to what our President told us would be the case in a speech to all of us in 2009 and then in an executive order that he issued.

Agree or disagree on the abortion issue, but let’s always be truthful. President Obama told us funding wouldn’t be in there, yet it is.

There is also problems with transparency. Senator Ben Nelson, in order to procure his vote, said there has to be two payments for abortion if it is included when the bill is on the Senate side.

He said: “If you are receiving Federal assistance to buy insurance and if that plan has any abortion coverage, the insurance company must bill you separately, and you must pay separately from your own personal funds—perhaps a credit card transaction, your separate personal check, or automatic withdrawal from your bank account—for that abortion coverage. Now, let me say that again. You have to write two checks: one for the basic policy and one for the additional coverage for abortion.”

That is not being implemented either, so the premium is all rolled into one. Again, conscientious pro-life Americans who do not want to be complicit in the wounding of women and the killing of babies are paying for

abortion, and many of them don't even know it.

I hope that Members will vote for the rule, and to those who think that there will be no debate and vote on the Pain-Capable Unborn Child Protection Act, that will come to the floor; and, again, you defend dismemberment abortions at 20 weeks, 21 weeks, 23 weeks, where the child suffers excruciating pain.

I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I yield myself 30 seconds to say there is no scientific evidence at all. As a matter of fact, gynecologists have all written to us—and we have their statements—that there is no way of fetal pain at 20 weeks.

I yield to the gentlewoman from Maryland (Ms. EDWARDS) for the purpose of a unanimous consent request.

Ms. EDWARDS. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore (Mrs. BLACK). Is there objection to the request of the gentlewoman from Maryland?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentlewoman from Florida (Ms. FRANKEL) for the purpose of a unanimous consent request.

Ms. FRANKEL of Florida. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentlewoman from Michigan (Mrs. LAWRENCE) for the purpose of a unanimous consent request.

Mrs. LAWRENCE. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD, as a woman and as a Member of Congress and a citizen of the United States, that the House should vote for bigger paychecks, and they should vote for better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentlewoman will suspend for a moment.

The Chair would advise Members that although a unanimous consent request to insert remarks in debate may comprise a simple, declarative statement of the Member's attitude toward the pending measure, embellishments beyond that standard constitute debate and can become an imposition on the time of the Member who has yielded for that purpose.

The Chair will entertain as many requests to insert as may be necessary to

accommodate Members, but the Chair also must ask Members to cooperate by confining such remarks to the proper form.

Ms. SLAUGHTER. Thank you, Madam Speaker. The Chair is correct, and we will do that.

Madam Speaker, I yield to the gentlewoman from North Carolina (Ms. ADAMS) for the purpose of a unanimous consent request.

Ms. ADAMS. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentlewoman from California (Ms. CHU) for the purpose of a unanimous consent request.

Ms. JUDY CHU of California. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentlewoman from Massachusetts (Ms. TSONGAS) for the purpose of a unanimous consent request.

Ms. TSONGAS. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Massachusetts?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentleman from New York (Mr. TONKO) for the purpose of a unanimous consent request.

Mr. TONKO. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY) for the purpose of a unanimous consent request.

Ms. SCHAKOWSKY. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentleman from California (Mr. LOWENTHAL) for the purpose of a unanimous consent request.

Mr. LOWENTHAL. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield to the gentleman from New York (Mr. NADLER) for the purpose of a unanimous consent request.

Mr. NADLER. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield 1½ minutes to the gentlewoman from Washington (Ms. DELBENE) to speak as a member of the Committee on the Judiciary.

Ms. DELBENE. Madam Speaker, I rise in strong opposition to the rule and the underlying bill.

H.R. 7 is yet another direct attack on women and their families. It creates sweeping new restrictions on abortion coverage for women who purchase insurance under the Affordable Care Act, with no meaningful exception to protect a woman's health, and experts predict that it could cause many insurers to limit women's health options in their plans altogether.

This bill injects ideology into personal medical decisions and puts politicians, rather than doctors, in charge of women's health care. Instead of this extreme legislation, Congress should address the real challenges facing women and families today.

At a time when 42 million women are either living in poverty or on the brink of it, Congress must do more to help. We should be focused on expanding access to child care, providing workers with paid sick leave, and ensuring women equal pay for equal work. This bill does none of these. It fails women and their families.

I urge my colleagues to vote "no" on both the rule and H.R. 7.

Ms. FOXX. Madam Speaker, I yield 1½ minutes to the distinguished gentleman from Texas, Dr. BABIN.

Mr. BABIN. Madam Speaker, I rise in strong support of H.R. 7, the No Taxpayer Funding for Abortion Act. It is plain wrong to use America's hard-earned tax dollars to pay for abortions.

On September 9, 2009, President Obama told the joint session of Congress:

One more misunderstanding I want to clear up—under our plan, no Federal dollars will be used to fund abortions,

and Federal conscience laws will remain in place.

Those of us in the pro-life community knew that this was simply not the case, and last September, the Government Accountability Office confirmed that, under ObamaCare, abortions are being paid for with taxpayer funds by more than 1,000 ObamaCare exchange plans across the country.

Our bill ends taxpayer funding for abortion, fulfilling one of the promises that this President has broken. Let's pass this bill and end the largest expansion of taxpayer-funded abortion in American history.

Ms. SLAUGHTER. Madam Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. Madam Speaker, I thank the gentlewoman from New York for yielding.

I, too, rise in opposition to the rule and the underlying bill.

Today, on the 42nd anniversary of Roe v. Wade, we should be celebrating it, not dismantling it. I heard my colleagues on the other side of the aisle talk about pain.

Well, do you want to know about pain? Think back in horror to the perils for our mothers, our daughters, and our sisters in the days before the Supreme Court ruled that women have a constitutional right to make our own personal health care decisions.

Back then, our country faced a public health crisis as women were maimed, made sterile, and lost their lives as a result of self-inflicted or illegal abortions. I remember finding a friend who was near death as a result of a back alley procedure.

Since Roe v. Wade, State after State, including Florida, my home State, has passed onerous laws criminalizing doctors, requiring unnecessary tests, and other insidious obstructions to prevent access to abortion.

Today, Congress again piles on to the damage hurting the poorest of our citizens.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SLAUGHTER. Madam Speaker, I yield the gentlewoman an additional 30 seconds.

Ms. FRANKEL of Florida. Here is a much better way to make lives better for our children, and that is to allow their mothers to live full, productive lives; and instead of this bill, pass the Women's Health Protection Act to ensure that no matter where a woman lives, she has access to the resources needed to make her own health care decisions.

We cannot and will not go back.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentleman from Michigan, Dr. BENISHEK.

Mr. BENISHEK. Madam Speaker, I rise today in support of the rights of the unborn and urge my colleagues to vote in favor of this rule.

I, along with many in northern Michigan, believe that life inside the womb is just as precious as life outside

the womb and must be protected. Both unborn and born children have a right to life.

The No Taxpayer Funding for Abortion Act will ensure that taxpayer dollars are not used to subsidize a practice that so many of my constituents cannot condone. Your hard-earned tax dollars should not be used to pay for abortions.

I served as a doctor for 30 years in northern Michigan, and I have had the awesome gift of witnessing the miracle of new life in the delivery room. I have also been blessed with the experience as a father and a grandfather, and I know how life-changing this event can be.

I want to commend the pro-life grassroots efforts led by passionate advocates in our local communities. Thank you for the hard work that you do to educate our communities on the value of life.

I urge my colleagues to support this important legislation.

□ 0945

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE), a member of the Committee on the Judiciary.

Mr. CICILLINE. I thank the gentlewoman for yielding.

Madam Speaker, despite the misleading title of this bill, the fact is that there is no Federal taxpayer funding of abortion right now except in very limited circumstances.

H.R. 7 would for the first time place restrictions on how women with private insurance can spend private dollars in purchasing health care. It would also likely result in the loss of access to comprehensive health care for millions of women who work for small businesses or who will be purchasing insurance in the Health Insurance Marketplaces. Politicians are not medical experts and should not be dictating health care decisions for women.

House Republicans are scrambling this morning to consider the rule for H.R. 7 at the last minute because it became clear that the overly restrictive and unconstitutional 20-week abortion ban would fail a floor vote. Why? Because Americans support comprehensive health care for all women. House Republicans should be bringing up bills to strengthen the economy, to guarantee women equal pay for equal work, to raise the minimum wage, to make child care affordable, and not limit a woman's access to health services in a desperate attempt to relitigate a very divisive issue.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

H.R. 7, the No Taxpayer Funding for Abortion Act, codifies many longstanding pro-life protections that have been passed under both Republican- and Democrat-controlled Congresses. The majority of taxpayers oppose Federal funding for abortion, as demonstrated in poll after poll:

A recent Marist poll showed that 58 percent of respondents oppose or strongly oppose using any tax dollars for abortions;

During the ObamaCare debate, a 2010 Zogby/O'Leary poll found that 76 percent of Americans said that Federal funds should never pay for an abortion or should pay only to save the life of the mother;

A January 2010 Quinnipiac University poll showed that 67 percent of respondents opposed the Federal funding of abortion;

An April 2011 CNN poll showed that 61 percent of respondents opposed public funding for abortion;

A November 2009 Washington Post poll showed that 61 percent of respondents opposed government subsidies for health insurance that include abortion;

A September 2009 International Communications Research poll showed that 67 percent of respondents opposed any measure that would "require people to pay for abortion coverage with their Federal taxes."

In other words, Madam Speaker, the American people do not want the government spending their hard-earned tax dollars to destroy innocent human life—period.

Like most taxpayers, employers also prefer plans that preclude abortion coverage. According to the insurance industry's trade association, "Most insurers offer plans that include abortion coverage, but most employers choose not to offer it as part of their benefits packages."

Even Minority Leader NANCY PELOSI has voted numerous times to prohibit taxpayer funding for abortion in the District of Columbia. President Obama voted against the taxpayer funding of abortion in the District of Columbia twice when he was in the Senate, and since being elected, he has signed appropriations legislation into law that prohibits this funding.

As you can see, Madam Speaker, opposition to taxpayer funding for abortion is bipartisan, bicameral, and is supported by the majority of the American people. It is time to restore the status quo on the government funding of abortion and make this widely supported policy permanent across the Federal Government. Therefore, I urge my colleagues to support this rule and H.R. 7.

I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. NADLER).

Mr. NADLER. I thank the gentlewoman for yielding.

Madam Speaker, I will comment on the demerits of this terrible bill in the debate on the bill. I want to comment now on how this bill got before us.

This is, I think, the fifth bill we have considered in this Congress. Not one of those bills went through committee. Not one of those bills had a markup, a hearing, an opportunity for people to amend the bills in committee, and now the bills come to the floor for an hour

of debate with no opportunity to offer amendments. This is hardly the transparency and the due process that the GOP leaders promised us.

This bill is even worse because this bill was not on the calendar until late last night. Yesterday, when the Republican anti-choice women rebelled at the terrible rape provisions of the bill we were supposed to debate today and when they found they couldn't pass a bill today on the anniversary of *Roe v. Wade*, they brought another off-the-shelf bill, which is a terrible bill, with no hearing in committee, no debate in committee, no markup, no opportunity to offer amendments, no vote in committee, no opportunity to offer amendments on the floor.

This is not the way you run or should run the House of Representatives of the United States. It is a shameful procedure for a shameful bill.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, I just want to remind my colleagues that H.R. 7 passed last year. It passed with an overwhelming majority. It is the same bill. It went through regular order. Hearings and a markup were held, and the legislation came through regular order in the House of Representatives. The problem has been the Senate, which has refused to take up this bill for well over a year, so we are back to take up a bill that has already been approved by the House in regular order.

Let me remind my colleagues as well that, next week, we will be taking up a number of bills that will combat human trafficking. Madam Speaker, I am the prime sponsor of the Trafficking Victims Protection Act of 2000, Americans' landmark law to combat the hideous crime of sex trafficking and labor trafficking.

We have a number of important antihuman trafficking bills that passed the House but sat over on the Senate side for a year or more—some of them—including two of mine, and we are talking about bringing those bills up next week. Regular order was followed last year on those bills—just like H.R. 7. Those bills languished on the Senate side. Surely, we can come together to combat human trafficking. The flaw in the process was the Senate and its former leadership unwillingness to vote on House-passed legislation.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 3 minutes to the gentlewoman from Colorado (Ms. DEGETTE), a member of the Energy and Commerce Committee.

Ms. DEGETTE. Thank you very much.

Madam Speaker, I am going to state this as simply as I can. There is no public funding for abortion. Whether you like it or not, the Hyde amendment, which has been the law of this land for decades now, says there is no public funding for abortion. That has not changed. There is no public funding

for abortion under the Affordable Care Act or any other government program.

This bill would vastly expand the current restrictions on a woman's right to get her own health care through her insurance, with her own private money, that she, her family, and her doctor think she needs. Let me say how this would work. Under H.R. 7, people who buy their insurance in exchanges—and their employers—now would not be able to spend their own private dollars to buy insurance that they need for themselves and their families.

This not only would be a radical expansion over current law, it would be a terrible wedge between patients and their doctors. I do not care how many polls there are that you might cite, because the vast majority of Americans think that a woman's private health care decisions should be made between herself, her family, and her doctor—certainly, not by politicians in Washington, D.C.

H.R. 7 is an idea that has been proposed time and again. It is not going anywhere. I am sure it will probably pass this House today, and it will go over to the other body, and it will die. If not, the President will veto it.

Here are my questions to my friends on the other side of the aisle: Why aren't we spending this week talking about how the women of America can get better paychecks? Why aren't we spending our time talking this week about how the women and men of America can get tax credits so that the children they do have can go to child care that is quality child care? Why aren't we spending our time this week talking about how women and men should be able to get paid the same amount for doing the very same job?

That is what I think this Congress should be spending its time doing, not passing these bills which are false statements about a woman's private decisions about her health care. I urge the body to defeat this bill.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

I want to say as forcefully as I can that there is nothing in H.R. 7 that restricts the private sale of plans that include abortion. There is nothing in H.R. 7 that restricts the private sale of plans that include abortion. Consistent with the Hyde amendment, the bill ensures that Federal dollars—wherever those Federal dollars come from—do not subsidize plans that cover abortion.

What is important to explain is that the Hyde amendment has only in the past applied to annual appropriations bills. As we have done our best to explain to the American people, ObamaCare is not subject to annual appropriations bills but is funded under mandatory spending. Therefore, Madam Speaker, it is important that we codify that no Federal funds can be used for abortions. That is what this bill does.

If our colleagues believe it is unnecessary, then they should have no problem voting for it because, then, it is

not doing anything that violates what has been done in the past. However, this bill is necessary. Let me say again, Madam Speaker, that H.R. 7 simply codifies the longstanding bipartisan agreement that Federal taxpayer funding should not be used to destroy innocent life.

H.R. 7 does so by establishing a permanent, governmentwide prohibition on taxpayer subsidies for abortion and abortion coverage, including cutting off taxpayer funding for plans that include abortion under ObamaCare;

It prevents funding for abortion in government programs like Medicaid, the Federal Health Benefits Program, and the Children's Health Insurance Program;

The bill also ensures that subsidies made available in the form of refundable tax credits under the ACA are prevented from flowing to plans that include abortion;

H.R. 7 also explicitly states that private individuals may purchase separate abortion coverage or plans that include abortion as long as no Federal subsidies are used to pay for the abortion coverage. Similarly, H.R. 7 explicitly states that insurance companies may offer abortion coverage as long as the coverage is not paid for by using taxpayer dollars.

Madam Speaker, I yield 1 minute to the gentlewoman from North Carolina (Mrs. ELLMERS).

Mrs. ELLMERS. Thank you to my colleague from North Carolina for, once again, being such a strong defender of life.

Madam Speaker, I rise today to offer my support for H.R. 7. I believe in the sanctity of human life and that life begins at conception and ends at death. My life's experiences as a mom, as a nurse, and as a Christian have helped me to form these core beliefs.

I have held the hands of newborn infants, and I have held the hands of elderly patients in the last moments of their lives. I have been blessed to have had such special moments, and because of them, I know that every life is precious and is a gift from God and that it is not for us to judge its worth.

Madam Speaker, the unborn need us to stand up for them and to be the voice that they do not have. I support this legislation, and I encourage my colleagues to do so as well.

□ 1000

Ms. SLAUGHTER. Madam Speaker, I yield myself 30 seconds to say that we have heard what is in this bill, but this bill was taken out of the used-bill freezer last night at 9 o'clock, against all the rules, and put on the floor today. We really don't know what is in this bill.

I am pleased to yield 2 minutes to the gentleman from New York (Mr. CROWLEY), a member of the Committee on Ways and Means.

Mr. CROWLEY. I thank my friend from Rochester for yielding me this time.

Madam Speaker, if at first you don't succeed, try again. That is clearly what my Republican colleagues are doing this morning.

The bill Republicans initially attempted to bring to the floor today would have required women to go to the police before they could even address their own health care needs. They abandoned that first line of attack on women's health because it was too extreme, even for members of their own party. But they weren't going to let something like that stop them from pandering to the rightwing flank. Fortunately for the Republicans, they have a long list of bills that attack health care and women's access to care. So it is easy for them to just swap it out for another extremist effort. Their partisan base will be happy—but at the expense of the health of many women and families in our country.

This bill will have a serious impact on families' ability to make their own health care decisions. It will raise taxes on hardworking Americans just if they happen to choose a health care plan that this majority doesn't like. And for what? So my Republican colleagues can score cheap political points.

This is not what the American people want. They want an agenda that lifts people up. They want us to be working on legislation that creates jobs, boosts paychecks in this country, and strengthens our economy. This bill will do none of these things. It is nothing but a cynical attempt to put politics where it doesn't belong.

Vote "no" on this rule and vote "no" on this blatant political gambit.

I understand how embarrassing this may be to the Republicans because of the little snafu within their own caucus, but please put aside this petty politics. Let's get on to the real business of creating more jobs in this country and boosting a person's pay in this land. That is what the American people want and need.

Ms. FOXX. Madam Speaker, I yield 2 minutes to my distinguished colleague from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. I want to thank the gentlewoman from North Carolina for her diligence and efforts on this issue.

Madam Speaker, I think we all are pleased to have so many of our constituents in town today who are supporting life and supporting that concept of life, liberty, and freedom.

It is such an honor today to come to the floor and talk about an issue that 68 percent of the American people agree on. Listening to my colleagues talking about how this is partisan and just for our base, I am glad that they think 68 percent of the American people are our base—because they do agree with us. Seventy-one percent of millennials agree with us on this issue. And the issue is simply this: there should not be taxpayer dollars used to pay for abortions.

The gentleman from New Jersey (Mr. SMITH) has done a tremendous amount of work on this bill. I thank him for his diligence, his attention, and for working to get H.R. 7 in the right form, ready to move forward and to bring this issue into the light.

We have got three things we want to focus on in this bill. Number one, there is enormous bipartisan support—I would say near unanimous bipartisan support—for the Hyde amendment language. Title I of this bill is going to make that permanent.

Madam Speaker, what that means is no longer do we have to revote this over and over and over. The Hyde amendment language will be the applied standard.

Title II of this bill will apply that to ObamaCare.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. FOXX. I yield the gentlewoman an additional 1 minute.

Mrs. BLACKBURN. Madam Speaker, what it will do is apply that to ObamaCare, the Affordable Care Act.

Now the reason it is imperative, the President promised on numerous occasions, Madam Speaker, that there would be no taxpayer dollars, which become Federal funds, used for abortion. This was a big debate as we went through the Affordable Care Act.

What we have learned from not us but from the GAO is that we have in the marketplace 1,036 plans. We have over 1,000 plans that allow those dollars into those plans. What this bill will also do is bring transparency not only to the plans but to the money flow, so that hardworking American taxpayers who do not want their money used to pay for abortion—68 percent agree with us—will have clarity and certainty on the issue.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from New York (Mrs. LOWEY), the ranking member of the Committee on Appropriations.

Mrs. LOWEY. I thank the distinguished ranking member.

Madam Speaker, I am totally puzzled. I came to the floor thinking that we were going to be focused on creating jobs, putting people to work, helping our young people go to college, and reducing student loan debts. Where is the regular procedure that my friends on the other side of the aisle were going to bring to the House? Where did this bill come from? Did it come from the committee process? No.

Let me make this very, very clear. I knew Henry Hyde. I worked with Henry Hyde. The Hyde amendment is the law of the land. There is no public money for abortion.

This is a radical bill that restricts women paying for private insurance with their own dollars. Millions of women would lose comprehensive health care. I just don't understand it.

As an appropriator, we still have not brought the Homeland Security bill to the floor. As a resident of New York, I am concerned by possible attacks.

Let's do our work. Let's move on.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SLAUGHTER. I yield the gentlewoman an additional 1 minute.

Mrs. LOWEY. To my friends on the other side of the aisle, this bill just came to the floor without serious discussion and when there is no public money for abortion today as a result of the Hyde amendment.

I look forward to bringing a Homeland Security bill to the floor. As I began to say, as a New Yorker, I am concerned about potential threats to our country.

Let's get to work. Let's create jobs. Let's do the work that our citizens—our constituents—brought us here to do. I don't understand this bill. And in closing, there is no public money for abortion.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

The passage of H.R. 7 will be welcome news for the majority of Americans who do not want their tax dollars paying for the grisly business of abortion. This bill will make existing policies like the Hyde amendment permanent and will rid ObamaCare of its massive expansion of public funding for abortion insurance plans.

The President repeatedly assured Americans that ObamaCare would "maintain current Hyde amendment restrictions governing abortion policy and extend those restrictions to newly created health insurance exchanges." Unfortunately, Madam Speaker, that promise didn't pan out. It now joins "if you like your plan, you can keep it" in President Obama's panoply of broken promises.

Madam Speaker, today, hundreds of thousands of Americans are coming to Washington, D.C., to brave the cold and march for life. Participants hail from all 50 States, have various religions, and are from all different walks of life and ages. But the one thing they have in common is the shared dedication to protecting the unborn.

The March for Life gives a voice to the voiceless and sends a powerful message to the Representatives of the people assembled here in Congress. It is heartening that so many Americans of different backgrounds are willing to take a stand for life.

Madam Speaker, this is not a partisan issue and this is not a partisan bill. H.R. 7 reflects the bipartisan, bicameral agreement that our government should not be in the business of subsidizing abortions. This is not a radical idea. It is a commonsense proposal that codifies a longstanding compromise. Therefore, I again urge my colleagues to vote for this rule and H.R. 7.

I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. I thank the gentlewoman from

the great State of New York for her extraordinary leadership on the Rules Committee and in so many areas for this country and our State.

I rise today in strong opposition to yet another closed rule. Despite all the lectures from Republicans about how creating jobs and growing the economy should be the number one top priority for this Congress, here we are instead once again hammering away at a woman's right to make her own choices, control her own body, and make choices about her own health care.

It is insulting to women, and it does not create one single job. But what it does do is put government between a physician and its patient. That is what it does. The other side says they want freedom and they want the government off their back. Yet on the most personal health care decisions for women, they are putting government between a woman and her doctor.

This bill will not grow our economy, but it will make permanent such discriminatory bans that target women in both the public and private health insurance market.

Republicans claim on their Web site—you can look it up and see it on their Web site—that they want to “do something for the 8.7 million people in America who are still unemployed.” It is time to focus on creating jobs and improving the economy for Americans, yet the first bill the Republican majority puts on the floor does not create one single job but discriminates, hurts, and insults women.

I urge a strong, strong “no” vote on this rule and on the underlying bill.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Let me thank the gentlewoman for yielding and also for being very vigilant in protecting women, women's right to privacy, and alerting us as to the dangers in this very terrible rule and terrible bill.

Madam Speaker, first of all, once again, as I said yesterday, this is just downright wrong. This is a horrible bill. This takes away a woman's right to privacy. Again, I thought in our country we prided ourselves on the right to privacy.

Women have a right to determine their own health care decisions. They can make these decisions with whomsoever they deem appropriate. There is no way that Members of Congress should intervene, direct, or superimpose views and government policies on women's health care and women's right to privacy.

□ 1015

Once again, the Hyde amendment was passed, I believe it was—what—in the seventies. We should be providing access to women's health care so low-income women would have the same opportunities to determine their own

health care decisions as other women who have the access, but Federal funds haven't been allowed for many, many years now.

I don't know why these bogus arguments are being made on this bill because we don't have Federal funding of abortions, and I think women know that and see this as a real sinister move to, once again, deny women their right to health care and their right to privacy.

Also, once again, we are seeing how another bill further undermines D.C.'s home rule. This bill prohibits the District of Columbia from using its own funds to provide abortions. Why would we do this?

D.C. has a right to determine how they want to provide health care for women and have their own ability to determine their own destiny; but, once again, for low-income women in Washington, D.C., they are under assault with this bill.

It is really a shame and disgrace that, once again, we have to get up here and debunk the argument that Federal funds are being used for abortions because they are not. Today, the 42nd anniversary of *Roe v. Wade*, we should really be talking about expanding access to a full range of reproductive health services for everyone, including low-income women.

The SPEAKER pro tempore (Mrs. WAGNER). The time of the gentlewoman has expired.

Ms. SLAUGHTER. I yield the gentlewoman an additional minute.

Ms. LEE. We should be talking about expanding reproductive health services for all women, including low-income women. We should be talking about pay equity. We should be talking about child care. We should be talking about paid family medical leave. We should be talking about creating jobs.

But rather than that, here we go, once again, trying to get in the middle of a woman's decision to move forward with her own life based on the decisions that she and her physician and her family members make.

The right to privacy, once again, is being undermined by this bill. You can't have a right to privacy and keep government out of your private life on one hand and, on the other hand, say government has got to interfere with your personal and private business.

Health care is too important for women. Women need to be able to make their own health care decisions, and this bill would do the exact opposite. It would move our country backwards. It would move women's health care backwards.

I hope that Members will vote “no” on this rule and “no” on the bill. We need to be expanding access to women's health care.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

While it is true that the Hyde amendment and its companion amendments have been renewed every year, recent implementation of the Affordable Care

Act, or ObamaCare, has ignored these restrictions. Rather than renewing various amendments each year, we should make the prohibition on Federal abortion funding permanent and governmentwide.

Additionally, provisions contained in the Abortion Insurance Full Disclosure Act have been included in H.R. 7. These provisions require the exchanges to prominently display, one, whether a plan provides for abortion coverage; and, two, if it does, the amount of the abortion surcharge that the consumer is required to pay.

Unfortunately, for most consumers, finding out if the plans on their State's exchange or the Federal marketplace covers abortion is nearly impossible because the information is not consistently available.

Knowing whether these plans cover abortion is absolutely critical to many consumers because plans that cover elective abortion are required by law to impose a mandatory monthly abortion surcharge.

These surcharges are not optional. Once you sign up for a plan with abortion coverage, you must pay the surcharge. This means that, potentially, many Americans who strongly oppose elective abortion could be unknowingly contributing to the practice financially.

Madam Speaker, that simply isn't right. H.R. 7 will stop funding for plans that cover elective abortion under ObamaCare and ensure that abortion coverage and the accompanying surcharge are made transparent to the American people.

For these reasons, I urge my colleagues to vote for the rule and H.R. 7, and I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Madam Speaker, I thank my colleague for yielding.

Let me first say something about the process that we are engaged in. We have heard just in the last few weeks—and even as we opened this Congress—the Speaker and others in the majority talk about how we will adhere to regular order and we will get back to the process of legislating the way it was intended to be conducted.

What happened to that? Why did we set that aside? What is the emergency that requires us to bring this highly ideological piece of legislation to the floor in just a few hours after it had been brought to the Rules Committee? What happened to the previous legislation that we were supposed to debate?

I mean, to me, this is a big problem, and it is one that I think begs the question of whether or not those offers of returning to the regular legislative process are sincere.

I urge a “no” vote on the rule for that reason, but also because this is yet just another ideological attack on the health care rights of women in this country who want—in some cases, we know that abortion services are already prohibited from being funded through Federal sources.

This is simply going so far as to say that women, with their own money, who seek to procure insurance coverage, can't seek that coverage if it includes these services. To me, it goes just far too far. It does not allow even exceptions for abortions that would be required to protect the health of the woman or serious medical concerns.

We can't continue to make this a political question and a political football. Forty-two years ago, this question was decided at the Supreme Court. It is a right that is protected.

Rather than continuing to just sort of pander to the base and satisfy the ideological extremists in our country, we ought to be thinking about the questions that people actually want us to take this precious time on the floor of the House to debate: How are we going to put America back to work? How are we going to rebuild our infrastructure? How are we going to make sure that kids who want to get a good college education the way the President outlined the other night are going to be able to afford that?

Ms. FOXX. Madam Speaker, I just want to say that it is clear some of our colleagues have not read the bill or have not listened to the debate. This bill does not prohibit women from purchasing abortion coverage with their own money.

Madam Speaker, I yield 2 minutes to the distinguished gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. Madam Speaker, I thank the gentlelady for yielding.

I also want to thank Mr. SMITH and my colleagues and all who are in Washington, D.C., participating in the March for Life for their unwavering commitment and support to fight on behalf of those who have no voice.

Throughout my years in Congress, Madam Speaker, and as a devoted human rights advocate, I have fought tirelessly for the fundamental rights of the innocent unborn.

As pro-life Members of Congress, we have a commitment to stand up for life and to take the necessary steps to advance legislation to the floor, and that is exactly what the U.S. House of Representatives will be doing today.

While the vast majority of Americans can agree that we have a lot of work in front of us to reduce the number of abortions, few legislators have taken any meaningful action. In fact, pro-abortion Members of Congress have sought to eliminate Federal protections on the use of taxpayer funds for abortions, both here and abroad.

Federal funds should not be used to pay for abortions, Madam Speaker, and Congressman SMITH's bill would do exactly that by establishing a permanent prohibition on taxpayer subsidies for abortion and abortion coverage. This will help save lives.

In addition, this bill also protects the conscience and religious views of millions of Americans. The vast majority of Americans also do not want their tax dollars to be used to pay for abor-

tions. This bill would establish a permanent prohibition on taxpayer subsidies for abortion.

For many years, the Hyde amendment and other Federal prohibitions on public funding for abortion have been enacted as appropriation riders, but they are not permanent, Madam Speaker. We need to get rid of this patchwork approach and enact H.R. 7 to ensure that Federal funds are not used to pay for abortions.

I look forward to working with Mr. SMITH and Ms. FOXX and others in favor of this bill and to continue working with my fellow pro-life colleagues in the House and the Senate to promote legislation that upholds the sanctity of innocent human life.

We have a responsibility to protect the unborn, and we must remain vigilant and continue to do what is right for all Americans.

I thank the gentlelady for yielding me time.

Ms. SLAUGHTER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we just heard that apparently none of us have read the bill. That is absolutely true. The bill, as I said, was dragged out of the "used bill freezer" at 9 last night.

If it is the same bill that we were talking about that has been through for several terms, it still has the idea of forcible rape being the only legitimate rape and that the IRS can audit to see if you were really raped when you had an abortion and to prove that—again, taking women back to the days when everybody said that they could not make decisions and that they had to be made for them.

If this is the same bill that was brought to us, as we pointed out, by a subcommittee of 13 men and voted through the House by a committee of 21 men, then we don't need to read it again, and my understanding is that this is the same bill. It was repugnant then, and it certainly is repugnant now.

On behalf of the men and women of the United States who feel that they have the right to make their own health decisions, I beg the House of Representatives to turn down all of this.

Now, we know that what they are doing, literally, is dismissive of not only 51 percent of the women population—we are the majority population, we women in the United States—but this is certainly, by any account, a misuse of the Chamber's attention, and we are talking taxpayer funds. Believe me, this is a misuse of taxpayer funds.

Now, if we defeat the previous question, I will offer an amendment to the rule that would allow us to strike the 3-day layover waiver, the waiver that was given by the Rules Committee to not do the 3-day layover, but to have something to do on the floor today.

With 23 months left of the 114th Congress, we should be able to run the

House in the thoughtful manner that the rules of the House provide for.

Madam Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD along with extraneous material immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. Now, I am going to urge again for all my colleagues on both sides of the aisle to vote "no" on the previous question, vote "no" on the rule and, by all means, "no" on the intrusive, deceptive bill that has been talked about here for 40 years.

Madam Speaker, I yield back the balance of my time.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, life is the most fundamental of all rights. It is sacred and God-given, but millions of babies have been robbed of that right in this, the freest country in the world. That is a tragedy beyond words and a betrayal of what we, as a nation, stand for.

One day, we hope it will be different. We hope life will cease to be valued on a sliding scale. We hope the era of elective abortions, ushered in by an unelected court, will be closed and collectively deemed one of the darkest chapters in American history, but until that day, it remains a solemn duty to stand up for life.

□ 1030

Regardless of the length of this journey, we will continue to speak for those who cannot, and we will continue to pray to the One who can change the hearts of those in desperation and those in power, who equally hold the lives of the innocent in their hands.

Madam Speaker, the commonsense measure before us restores an important, longstanding, bipartisan agreement that protects the unborn and prevents taxpayers from being forced to finance thousands of elective abortions. It reflects the will of the American people and is the product of what has historically been a bipartisan, bicameral consensus in Congress. Therefore, I urge my colleagues to vote for this rule and H.R. 7.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 42 OFFERED BY
Ms. SLAUGHTER OF NEW YORK

On page 1, line 4 of the resolution, insert the following after the word "waived": "except those arising under clause 11 of rule XXI".

—
THE VOTE ON THE PREVIOUS QUESTION: WHAT
IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on

the rule as “a motion to direct or control the consideration of the subject before the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

The Republican majority may say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: “Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.”

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled “Amending Special Rules” states: “a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.” (Chapter 21, section 21.2) Section 21.3 continues: “Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.”

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. FOXX. I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption.

The vote was taken by electronic device, and there were—yeas 239, nays 183, not voting 11, as follows:

[Roll No. 42]

YEAS—239

Abraham	Grothman	Perry
Aderholt	Guinta	Pittenger
Allen	Guthrie	Pitts
Amash	Hanna	Poe (TX)
Amodei	Hardy	Poliquin
Babin	Harper	Pompeo
Barletta	Harris	Posey
Barr	Hartzler	Price (GA)
Barton	Heck (NV)	Reed
Benishek	Hensarling	Reid
Bilirakis	Herrera Beutler	Reichert
Bishop (MI)	Hice (GA)	Renacci
Bishop (UT)	Hill	Ribble
Black	Holding	Rice (SC)
Blackburn	Hudson	Rigell
Blum	Huelskamp	Roby
Bost	Huizenga (MI)	Roe (TN)
Boustany	Hultgren	Rogers (AL)
Brady (TX)	Hunter	Rogers (KY)
Brat	Hurd (TX)	Rohrabacher
Bridenstine	Hurt (VA)	Rokita
Brooks (AL)	Issa	Rooney (FL)
Brooks (IN)	Jenkins (KS)	Ros-Lehtinen
Buchanan	Jenkins (WV)	Roskam
Buck	Johnson (OH)	Ross
Bucshon	Jolly	Rothfus
Burgess	Jones	Rouzer
Byrne	Jordan	Royce
Calvert	Joyce	Russell
Carter (GA)	Katko	Ryan (WI)
Chabot	Kelly (PA)	Salmon
Chaffetz	King (IA)	Sanford
Clawson (FL)	King (NY)	Scalise
Coffman	Kinzinger (IL)	Schock
Cole	Kline	Schweikert
Collins (GA)	Knight	Scott, Austin
Collins (NY)	Labrador	Sensenbrenner
Comstock	LaMalfa	Sessions
Conaway	Lamborn	Shimkus
Cook	Lance	Shuster
Costello (PA)	Latta	Simpson
Cramer	LoBiondo	Smith (MO)
Crawford	Long	Smith (NE)
Crenshaw	Loudermilk	Smith (NJ)
Culberson	Love	Smith (TX)
Curbelo (FL)	Lucas	Stefanik
Davis, Rodney	Luetkemeyer	Stewart
Denham	Lummis	Stivers
Dent	MacArthur	Stutzman
DeSantis	Marino	Thompson (PA)
DesJarlais	Massie	Thornberry
Diaz-Balart	McCarthy	Tiberi
Dold	McCaul	Tipton
Duffy	McClintock	Trott
Duncan (SC)	McHenry	Turner
Duncan (TN)	McKinley	Upton
Elmiers	McMorris	Valadao
Emmer	Rodgers	Wagner
Farenthold	McSally	Walberg
Fincher	Meadows	Walden
Fitzpatrick	Meehan	Walker
Fleischmann	Messer	Walorski
Fleming	Mica	Walters, Mimi
Flores	Miller (FL)	Weber (TX)
Fortenberry	Miller (MI)	Webster (FL)
Fox	Moolenaar	Wenstrup
Franks (AZ)	Mooney (WV)	Westerman
Frelinghuysen	Mullin	Westmoreland
Garrett	Mulvaney	Whitfield
Gibbs	Murphy (PA)	Williams
Gibson	Neugebauer	Wilson (SC)
Gohmert	Newhouse	Wittman
Goodlatte	Noem	Womack
Gosar	Nugent	Woodall
Gowdy	Nunes	Yoder
Granger	Olson	Yoho
Graves (GA)	Palazzo	Young (IA)
Graves (LA)	Palmer	Young (IN)
Graves (MO)	Paulsen	Zeldin
Griffith	Pearce	Zinke

NAYS—183

Adams	Bonamici	Carney
Aguilar	Boyle (PA)	Carson (IN)
Ashford	Brady (PA)	Cartwright
Bass	Brown (FL)	Castor (FL)
Beatty	Brownley (CA)	Castro (TX)
Becerra	Bustos	Chu (CA)
Bera	Butterfield	Cicilline
Beyer	Capps	Clark (MA)
Bishop (GA)	Capuano	Clarke (NY)
Blumenauer	Cárdenas	Clay

Cleaver	Johnson, E. B.	Pingree
Clyburn	Kaptur	Pocan
Cohen	Keating	Polis
Connolly	Kelly (IL)	Price (NC)
Conyers	Kennedy	Quigley
Cooper	Kildee	Rangel
Costa	Kilmer	Rice (NY)
Courtney	Kind	Richmond
Crowley	Kirkpatrick	Roybal-Allard
Cuellar	Kuster	Ruiz
Cummings	Langevin	Ruppersberger
Davis (CA)	Larsen (WA)	Rush
Davis, Danny	Larson (CT)	Ryan (OH)
DeFazio	Lawrence	Sánchez, Linda
DeGette	Lee	T.
Delaney	Levin	Sanchez, Loretta
DeLauro	Lewis	Sarbanes
DelBene	Lieu (CA)	Schakowsky
DeSaulnier	Lipinski	Schiff
Deutch	Loeb sack	Schrader
Dingell	Lofgren	Scott (VA)
Doggett	Lowenthal	Scott, David
Doyle (PA)	Lowe	Serrano
Edwards	Lujan Grisham	Sewell (AL)
Ellison	(NM)	Sherman
Engel	Luján, Ben Ray	Sinema
Eshoo	(NM)	Sires
Esty	Lynch	Slaughter
Farr	Maloney,	Speier
Fattah	Carolyn	Swalwell (CA)
Foster	Maloney, Sean	Takai
Frankel (FL)	Matsui	Takano
Fudge	McCollum	Thompson (CA)
Gabbard	McDermott	Thompson (MS)
Gallo	McGovern	Titus
Garamendi	McNerney	Tonko
Graham	Meeks	Torres
Grayson	Meng	Tsongas
Green, Al	Moore	Van Hollen
Green, Gene	Moulton	Vargas
Grijalva	Murphy (FL)	Veasey
Gutiérrez	Nadler	Vela
Hahn	Napolitano	Velázquez
Heck (WA)	Neal	Visclosky
Higgins	Nolan	Walz
Himes	Norcross	Wasserman
Honda	O'Rourke	Watson Coleman
Hoyer	Pallone	Welch
Huffman	Pascrell	Wilson (FL)
Israel	Payne	Yarmuth
Jackson Lee	Pelosi	
Jeffries	Peters	
Johnson (GA)	Peterson	

NOT VOTING—11

Carter (TX)	Hinojosa	Perlmutter
Duckworth	Johnson, Sam	Smith (WA)
Forbes	Marchant	Young (AK)
Hastings	Nunnelee	

□ 1056

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 242, nays 179, not voting 12, as follows:

[Roll No. 43]

YEAS—242

Abraham	Blackburn	Calvert
Aderholt	Blum	Carter (GA)
Allen	Bost	Chabot
Amash	Boustany	Chaffetz
Amodei	Brady (TX)	Clawson (FL)
Babin	Brat	Coffman
Barletta	Bridenstine	Cole
Barr	Brooks (AL)	Collins (GA)
Barton	Brooks (IN)	Collins (NY)
Benishek	Buchanan	Comstock
Bilirakis	Buck	Conaway
Bishop (MI)	Bucshon	Cook
Bishop (UT)	Burgess	Costello (PA)
Black	Byrne	Cramer

Crawford	Katko	Rigell
Crenshaw	Kelly (PA)	Roby
Culberson	King (IA)	Roe (TN)
Curbelo (FL)	King (NY)	Rogers (AL)
Davis, Rodney	Kinzingler (IL)	Rogers (KY)
Denham	Kline	Rohrabacher
Dent	Knight	Rokita
DeSantis	Labrador	Rooney (FL)
DesJarlais	LaMalfa	Ros-Lehtinen
Diaz-Balart	Lamborn	Roskam
Dold	Lance	Ross
Duffy	Latta	Rothfus
Duncan (SC)	Lipinski	Rouzer
Duncan (TN)	LoBiondo	Royce
Ellmers	Long	Russell
Emmer	Loudermilk	Ryan (WI)
Farenthold	Love	Salmon
Fincher	Lucas	Sanford
Fitzpatrick	Luetkemeyer	Scalise
Fleischmann	Lummis	Schock
Fleming	MacArthur	Schweikert
Flores	Marino	Scott, Austin
Fortenberry	Massie	Sensenbrenner
Fox	McCarthy	Sessions
Franks (AZ)	McCaul	Shinkus
Frelinghuysen	McClintock	Shuster
Garrett	McHenry	Simpson
Gibbs	McKinley	Smith (MO)
Gibson	McMorris	Smith (NE)
Gohmert	Rodgers	Smith (NJ)
Goodlatte	McSally	Smith (TX)
Gosar	Meadows	Stefanik
Gowdy	Meehan	Stewart
Granger	Messer	Stivers
Graves (GA)	Mica	Stutzman
Graves (LA)	Miller (FL)	Thompson (PA)
Graves (MO)	Miller (MI)	Thornberry
Griffith	Moolenaar	Tiberi
Grothman	Mooney (WV)	Tipton
Guinta	Mullin	Trott
Guthrie	Mulvaney	Turner
Hanna	Murphy (PA)	Upton
Hardy	Neugebauer	Valadao
Harper	Newhouse	Wagner
Harris	Noem	Walberg
Hartzler	Nugent	Walden
Heck (NV)	Nunes	Walker
Hensarling	Olson	Walorski
Herrera Beutler	Palazzo	Walters, Mimi
Hice (GA)	Palmer	Weber (TX)
Hill	Paulsen	Webster (FL)
Holding	Pearce	Wenstrup
Hudson	Perry	Westerman
Huelskamp	Peterson	Westmoreland
Huizenga (MI)	Pittenger	Whitfield
Hultgren	Pitts	Williams
Hunter	Poe (TX)	Wilson (SC)
Hurd (TX)	Poliquin	Wittman
Hurt (VA)	Pompeo	Womack
Issa	Posey	Woodall
Jenkins (KS)	Price (GA)	Yoder
Jenkins (WV)	Ratcliffe	Yoho
Johnson (OH)	Reed	Young (AK)
Jolly	Reichert	Young (IA)
Jones	Renacci	Young (IN)
Jordan	Ribble	Zeldin
Joyce	Rice (SC)	Zinke

NAYS—179

Adams	Cleaver	Foster
Aguilar	Clyburn	Frankel (FL)
Ashford	Cohen	Fudge
Bass	Connolly	Gabbard
Beatty	Conyers	Gallego
Becerra	Cooper	Garamendi
Bera	Costa	Graham
Beyer	Courtney	Grayson
Bishop (GA)	Crowley	Green, Al
Blumenauer	Cuellar	Green, Gene
Bonamici	Cummings	Grijalva
Boyle (PA)	Davis (CA)	Gutiérrez
Brady (PA)	Davis, Danny	Hahn
Brown (FL)	DeFazio	Heck (WA)
Brownley (CA)	DeGette	Higgins
Bustos	Delaney	Himes
Butterfield	DeLauro	Honda
Capps	DelBene	Hoyer
Capuano	DeSaulnier	Huffman
Cárdenas	Deutch	Israel
Carney	Dingell	Jackson Lee
Carson (IN)	Doggett	Jeffries
Cartwright	Doyle (PA)	Johnson (GA)
Castor (FL)	Edwards	Johnson, E. B.
Castro (TX)	Ellison	Kaptur
Chu (CA)	Engel	Keating
Cicilline	Eshoo	Kelly (IL)
Clark (MA)	Esty	Kennedy
Clarke (NY)	Farr	Kildee
Clay	Fattah	Kilmer

Kind	Nadler	Scott, David
Kirkpatrick	Napolitano	Serrano
Kuster	Neal	Sewell (AL)
Langevin	Nolan	Sherman
Larsen (WA)	Norcross	Sinema
Larson (CT)	O'Rourke	Sires
Lawrence	Pallone	Slaughter
Lee	Pascrell	Swalwell (CA)
Levin	Payne	Takai
Lewis	Pelosi	Takano
Lieu (CA)	Peters	Thompson (CA)
Loeb sack	Pingree	Thompson (MS)
Lofgren	Pocan	Titus
Lowey	Polis	Tonko
Lujan Grisham	Price (NC)	Torres
(NM)	Quigley	Tsongas
Lujan, Ben Ray	Rangel	Van Hollen
(NM)	Rice (NY)	Vargas
Lynch	Richmond	Veasey
Maloney,	Roybal-Allard	Vela
Carolyn	Ruiz	Velázquez
Maloney, Sean	Ruppersberger	Visclosky
Matsui	Rush	Walz
McCollum	Ryan (OH)	Wasserman
McDermott	Sánchez, Linda	Schultz
McGovern	T.	Waters, Maxine
McNerney	Sanchez, Loretta	Watson Coleman
Meeks	Sarbanes	Welch
Meng	Schakowsky	Wilson (FL)
Moore	Schiff	Yarmuth
Moulton	Schrader	
Murphy (FL)	Scott (VA)	

NOT VOTING—12

Carder (TX)	Hinojosa	Nunnelee
Duckworth	Johnson, Sam	Perlmutter
Forbes	Lowenthal	Smith (WA)
Hastings	Marchant	Speier

□ 1104

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. LOWENTHAL. Mr. Speaker, on rollcall No. 43, had I been present, I would have voted "nay."

Mr. PITTS. Madam Speaker, pursuant to House Resolution 42, I call up the bill (H.R. 7) to prohibit taxpayer funded abortions, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. FOXX). Pursuant to House Resolution 42, the bill is considered read.

The text of the bill is as follows:

H.R. 7

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2015".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PROHIBITING FEDERALLY FUNDED ABORTIONS

Sec. 101. Prohibiting taxpayer funded abortions.

Sec. 102. Amendment to table of chapters.

TITLE II—APPLICATION UNDER THE AFFORDABLE CARE ACT

Sec. 201. Clarifying application of prohibition to premium credits and cost-sharing reductions under ACA.

Sec. 202. Revision of notice requirements regarding disclosure of extent of health plan coverage of abortion and abortion premium surcharges.

TITLE I—PROHIBITING FEDERALLY FUNDED ABORTIONS

SEC. 101. PROHIBITING TAXPAYER FUNDED ABORTIONS.

Title 1, United States Code is amended by adding at the end the following new chapter:

"CHAPTER 4—PROHIBITING TAXPAYER FUNDED ABORTIONS

"301. Prohibition on funding for abortions.
 "302. Prohibition on funding for health benefits plans that cover abortion.
 "303. Limitation on Federal facilities and employees.
 "304. Construction relating to separate coverage.
 "305. Construction relating to the use of non-Federal funds for health coverage.
 "306. Non-preemption of other Federal laws.
 "307. Construction relating to complications arising from abortion.
 "308. Treatment of abortions related to rape, incest, or preserving the life of the mother.
 "309. Application to District of Columbia.

"§ 301. Prohibition on funding for abortions

"No funds authorized or appropriated by Federal law, and none of the funds in any trust fund to which funds are authorized or appropriated by Federal law, shall be expended for any abortion.

"§ 302. Prohibition on funding for health benefits plans that cover abortion

"None of the funds authorized or appropriated by Federal law, and none of the funds in any trust fund to which funds are authorized or appropriated by Federal law, shall be expended for health benefits coverage that includes coverage of abortion.

"§ 303. Limitation on Federal facilities and employees

"No health care service furnished—
 "(1) by or in a health care facility owned or operated by the Federal Government; or
 "(2) by any physician or other individual employed by the Federal Government to provide health care services within the scope of the physician's or individual's employment, may include abortion.

"§ 304. Construction relating to separate coverage

"Nothing in this chapter shall be construed as prohibiting any individual, entity, or State or locality from purchasing separate abortion coverage or health benefits coverage that includes abortion so long as such coverage is paid for entirely using only funds not authorized or appropriated by Federal law and such coverage shall not be purchased using matching funds required for a federally subsidized program, including a State's or locality's contribution of Medicaid matching funds.

"§ 305. Construction relating to the use of non-Federal funds for health coverage

"Nothing in this chapter shall be construed as restricting the ability of any non-Federal health benefits coverage provider from offering abortion coverage, or the ability of a State or locality to contract separately with such a provider for such coverage, so long as only funds not authorized or appropriated by Federal law are used and such coverage shall not be purchased using matching funds required for a federally subsidized program, including a State's or locality's contribution of Medicaid matching funds.

"§ 306. Non-preemption of other Federal laws

"Nothing in this chapter shall repeal, amend, or have any effect on any other Federal law to the extent such law imposes any limitation on the use of funds for abortion or for health benefits coverage that includes

coverage of abortion, beyond the limitations set forth in this chapter.

“§ 307. Construction relating to complications arising from abortion

“Nothing in this chapter shall be construed to apply to the treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of an abortion. This rule of construction shall be applicable without regard to whether the abortion was performed in accord with Federal or State law, and without regard to whether funding for the abortion is permissible under section 308.

“§ 308. Treatment of abortions related to rape, incest, or preserving the life of the mother

“The limitations established in sections 301, 302, and 303 shall not apply to an abortion—

“(1) if the pregnancy is the result of an act of rape or incest; or

“(2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

“§ 309. Application to District of Columbia

“In this chapter:

“(1) Any reference to funds appropriated by Federal law shall be treated as including any amounts within the budget of the District of Columbia that have been approved by Act of Congress pursuant to section 446 of the District of Columbia Home Rule Act (or any applicable successor Federal law).

“(2) The term ‘Federal Government’ includes the government of the District of Columbia.”.

SEC. 102. AMENDMENT TO TABLE OF CHAPTERS.

The table of chapters for title 1, United States Code, is amended by adding at the end the following new item:

“4. Prohibiting taxpayer funded abortions 301”.

TITLE II—APPLICATION UNDER THE AFFORDABLE CARE ACT

SEC. 201. CLARIFYING APPLICATION OF PROHIBITION TO PREMIUM CREDITS AND COST-SHARING REDUCTIONS UNDER ACA.

(a) IN GENERAL.—

(1) DISALLOWANCE OF REFUNDABLE CREDIT AND COST-SHARING REDUCTIONS FOR COVERAGE UNDER QUALIFIED HEALTH PLAN WHICH PROVIDES COVERAGE FOR ABORTION.—

(A) IN GENERAL.—Subparagraph (A) of section 36B(c)(3) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: “or any health plan that includes coverage for abortions (other than any abortion or treatment described in section 307 or 308 of title 1, United States Code)”.

(B) OPTION TO PURCHASE OR OFFER SEPARATE COVERAGE OR PLAN.—Paragraph (3) of section 36B(c) of such Code is amended by adding at the end the following new subparagraph:

“(C) SEPARATE ABORTION COVERAGE OR PLAN ALLOWED.—

“(i) OPTION TO PURCHASE SEPARATE COVERAGE OR PLAN.—Nothing in subparagraph (A) shall be construed as prohibiting any individual from purchasing separate coverage for abortions described in such subparagraph, or a health plan that includes such abortions, so long as no credit is allowed under this section with respect to the premiums for such coverage or plan.

“(ii) OPTION TO OFFER COVERAGE OR PLAN.—Nothing in subparagraph (A) shall restrict

any non-Federal health insurance issuer offering a health plan from offering separate coverage for abortions described in such subparagraph, or a plan that includes such abortions, so long as premiums for such separate coverage or plan are not paid for with any amount attributable to the credit allowed under this section (or the amount of any advance payment of the credit under section 1412 of the Patient Protection and Affordable Care Act).”.

(2) DISALLOWANCE OF SMALL EMPLOYER HEALTH INSURANCE EXPENSE CREDIT FOR PLAN WHICH INCLUDES COVERAGE FOR ABORTION.—Subsection (h) of section 45R of the Internal Revenue Code of 1986 is amended—

(A) by striking “Any term” and inserting the following:

“(1) IN GENERAL.—Any term”; and

(B) by adding at the end the following new paragraph:

“(2) EXCLUSION OF HEALTH PLANS INCLUDING COVERAGE FOR ABORTION.—

“(A) IN GENERAL.—The term ‘qualified health plan’ does not include any health plan that includes coverage for abortions (other than any abortion or treatment described in section 307 or 308 of title 1, United States Code).

“(B) SEPARATE ABORTION COVERAGE OR PLAN ALLOWED.—

“(i) OPTION TO PURCHASE SEPARATE COVERAGE OR PLAN.—Nothing in subparagraph (A) shall be construed as prohibiting any employer from purchasing for its employees separate coverage for abortions described in such subparagraph, or a health plan that includes such abortions, so long as no credit is allowed under this section with respect to the employer contributions for such coverage or plan.

“(ii) OPTION TO OFFER COVERAGE OR PLAN.—Nothing in subparagraph (A) shall restrict any non-Federal health insurance issuer offering a health plan from offering separate coverage for abortions described in such subparagraph, or a plan that includes such abortions, so long as such separate coverage or plan is not paid for with any employer contribution eligible for the credit allowed under this section.”.

(3) CONFORMING ACA AMENDMENTS.—Section 1303(b) of Public Law 111-148 (42 U.S.C. 18023(b)) is amended—

(A) by striking paragraph (2);

(B) by striking paragraph (3), as amended by section 202(a); and

(C) by redesignating paragraph (4) as paragraph (2).

(b) APPLICATION TO MULTI-STATE PLANS.—Paragraph (6) of section 1334(a) of Public Law 111-148 (42 U.S.C. 18054(a)) is amended to read as follows:

“(6) COVERAGE CONSISTENT WITH FEDERAL ABORTION POLICY.—In entering into contracts under this subsection, the Director shall ensure that no multi-State qualified health plan offered in an Exchange provides health benefits coverage for which the expenditure of Federal funds is prohibited under chapter 4 of title 1, United States Code.”.

(c) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to taxable years ending after December 31, 2015, but only with respect to plan years beginning after such date, and the amendment made by subsection (b) shall apply to plan years beginning after such date.

SEC. 202. REVISION OF NOTICE REQUIREMENTS REGARDING DISCLOSURE OF EXTENT OF HEALTH PLAN COVERAGE OF ABORTION AND ABORTION PREMIUM SURCHARGES.

(a) IN GENERAL.—Paragraph (3) of section 1303(b) of Public Law 111-148 (42 U.S.C. 18023(b)) is amended to read as follows:

“(3) RULES RELATING TO NOTICE.—

“(A) IN GENERAL.—The extent of coverage (if any) of services described in paragraph

(1)(B)(i) or (1)(B)(ii) by a qualified health plan shall be disclosed to enrollees at the time of enrollment in the plan and shall be prominently displayed in any marketing or advertising materials, comparison tools, or summary of benefits and coverage explanation made available with respect to such plan by the issuer of the plan, by an Exchange, or by the Secretary, including information made available through an Internet portal or Exchange under sections 1311(c)(5) and 1311(d)(4)(C).

“(B) SEPARATE DISCLOSURE OF ABORTION SURCHARGES.—In the case of a qualified health plan that includes the services described in paragraph (1)(B)(i) and where the premium for the plan is disclosed, including in any marketing or advertising materials or any other information referred to in subparagraph (A), the surcharge described in paragraph (2)(B)(i)(II) that is attributable to such services shall also be disclosed and identified separately.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to materials, tools, or other information made available more than 30 days after the date of the enactment of this Act.

The SPEAKER pro tempore. The gentleman from Pennsylvania (Mr. PITTS) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 7.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. PITTS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I come to the floor today in strong support of H.R. 7, the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act, legislation that passed the House almost 1 year ago with bipartisan support.

This bill affirms what a majority of Americans believe, that no taxpayer dollars should be spent on abortions and abortion coverage.

H.R. 7 establishes a permanent governmentwide prohibition on taxpayer subsidies for abortion. This bill is all the more necessary because of the President's health care law and its attack on this longstanding protection of taxpayer dollars.

The bill before us would simply codify the Hyde amendment, a longstanding provision that has ensured Federal dollars do not subsidize abortion over the past decade.

H.R. 7 also requires that information regarding abortion coverage as well as the amount of the abortion surcharge be displayed where consumers can easily identify which plans cover abortion. Consumers should have the right to know whether the plan they are selecting on an exchange includes abortion coverage.

While the Affordable Care Act included some notification provisions,

many of our constituents are simply unable to find out whether a plan is paying for abortions. In fact, this inability to find out whether exchange plans provide abortion coverage seems to extend to the Secretary of Health and Human Services, as former Secretary Sebelius failed to uphold her commitment after testifying twice before the Energy and Commerce Committee, promising to provide the Congress and the American people a full list of exchange plans providing abortion coverage.

Today, over a year has passed and this commitment is still left unfulfilled. The self-appointed “most transparent administration” in history is simply unwilling or unable to comply with this request. In fact, it took the Government Accountability Office months to find out that taxpayer dollars went to pay for over 1,000 health insurance plans that included abortion.

Even though the Affordable Care Act required, through law, that separate payments be made to pay for the abortion surcharge, the GAO also found that none of the insurers they interviewed actually collected a separate payment.

In fact, the report reveals that the administration informed insurance issuers that they didn’t need two separate payments. This bill is about protecting taxpayer dollars and protecting life. It also ensures we have at least some transparency under the President’s health care law.

I urge my colleagues to support the bill, and I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself 1 minute.

Madam Speaker, I have good news for my friends on the other side of the aisle. There is no taxpayer funding for abortion. Let me say that again. There is no taxpayer funding for abortions. There hasn’t been for many decades because of the Hyde amendment.

Under the Affordable Care Act, that prohibition did not change. Now, some of us might disagree with the Hyde amendment, but that is the law of the land, and it was a carefully constructed compromise under the Affordable Care Act.

□ 1115

This bill would be a vast expansion of the restriction of a woman’s right to choose what type of insurance she can purchase with the consultation of her doctor and her husband because it would prevent women from purchasing insurance with their own money on the exchanges, and that would be a restriction on their rights. So I am going to urge my colleagues to vote “no” on this ill-conceived piece of legislation, and let’s talk about some things that really matter, like jobs, child care, and pay equity.

I reserve the balance of my time.

Mr. PITTS. Madam Speaker, I am pleased to yield 1 minute to the gentlewoman from Kansas (Ms. JENKINS).

Ms. JENKINS. Madam Speaker, I thank the gentleman for yielding.

I rise today as a supporter and cosponsor of H.R. 7, the No Taxpayer Funding for Abortion Act. I was a cosponsor of this legislation in the previous two Congresses, and I continue to support it after hearing from my constituents time and time again that they do not want their tax dollars funding abortions. In fact, the majority of Americans and the vast majority of Kansans oppose their tax dollars being used towards abortion.

The specter of taxpayer-funded abortion has been exacerbated by the President’s health care law, which offers subsidies to taxpayers in order to offset its high cost. These subsidized plans, bought through the health care exchanges, could allow for taxpayer-funded abortions to occur.

Without this crucial legislation, we will continue to have a patchwork of provisions regarding Federal funding. This creates confusion, blocks transparency, and opens up additional loopholes. Longstanding provisions are reestablished under H.R. 7, which would apply uniformly across Federal programs, including the President’s destructive health care law.

I urge passage of this bipartisan bill. Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Mrs. CAPPS) for the purpose of a unanimous consent request.

Mrs. CAPPS. Madam Speaker, I ask unanimous consent to have my statement inserted in the RECORD of the House of Representatives that we should be considering bigger paychecks and better infrastructure instead of attacking women’s access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Mrs. NAPOLITANO) for the purpose of a unanimous consent request.

Mrs. NAPOLITANO. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD of the House of Representatives that we should vote for bigger paychecks and better infrastructure instead of attacking women’s access to all health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN) for the purpose of a unanimous consent request.

Mrs. WATSON COLEMAN. I thank the gentlelady for yielding.

Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the the House should vote for bigger paychecks and better infrastructure instead of attacking women’s access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Jersey?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Ms. LORETTA SANCHEZ) for the purpose of a unanimous consent request.

Ms. LORETTA SANCHEZ of California. I thank the gentlewoman from Colorado.

Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women’s access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from Illinois (Mr. GUTIERREZ) for the purpose of a unanimous consent request.

Mr. GUTIERREZ. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking my daughter’s access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from Texas (Mr. VEASEY) for the purpose of a unanimous consent request.

Mr. VEASEY. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women’s health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY) for the purpose of a unanimous consent request.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should be voting on proposals that create jobs and accelerate economic growth. Instead, the only thing the Republicans have accelerated around here is their attacks on a woman’s constitutional rights and health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair advises Members that although a unanimous consent request to insert remarks in debate may comprise a simple, declarative statement of the Member’s attitude toward the pending measure, embellishments beyond that standard constitute debate and can become an imposition on the time of the Member who has yielded for that purpose.

The Chair will entertain as many requests to insert as may be necessary to accommodate Members, but the Chair also must ask Members to cooperate by confining such remarks to the proper form.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Ms. PELOSI), the Democratic leader, for the purpose of a unanimous consent request.

Ms. PELOSI. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House, instead of attacking women's access to health care, should be voting on bigger paychecks and better infrastructure for our country.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Ms. LOFGREN) for the purpose of a unanimous consent request.

Ms. LOFGREN. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House, instead of attacking women's access to health care, we should vote for bigger paychecks and better infrastructure.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Ms. MAXINE WATERS) for the purpose of a unanimous consent request.

Ms. MAXINE WATERS of California. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of constantly attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from California (Ms. SPEIER) for the purpose of a unanimous consent request.

Ms. SPEIER. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that instead of attacking women's access to health care, this House should vote for bigger paychecks for women and better infrastructure for all.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from Alabama (Ms. SEWELL) for the purpose of a unanimous consent request.

Ms. SEWELL of Alabama. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of constantly attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Alabama?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from California (Mr. HUFFMAN) for the purpose of a unanimous consent request.

Mr. HUFFMAN. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that this House should be voting for bigger paychecks and better infrastructure instead of these relentless attacks on women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from California (Mr. BECERRA), the Democratic Caucus chairman, for the purpose of a unanimous consent request.

Mr. BECERRA. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that this House should start to concentrate finally on bigger paychecks for our people who are working and better infrastructure instead of attacking women's access to decent health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from Michigan (Mr. KILDEE) for the purpose of a unanimous consent request.

Mr. KILDEE. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of yet another attack on women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentleman from Maryland (Mr. CUMMINGS) for the purpose of a unanimous consent request.

Mr. CUMMINGS. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

Ms. JACKSON LEE. Madam Speaker, I ask unanimous consent to insert my statement in the RECORD that the House should vote for bigger paychecks and better infrastructure instead of attacking women's access to health care.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Texas?

There was no objection.

Ms. DEGETTE. Madam Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. CONYERS), the ranking member on the Judiciary Committee.

Mr. CONYERS. Madam Speaker, I rise in strong opposition to H.R. 7, the so-called No Taxpayer Funding for Abortion Act.

Today, on the 42nd anniversary of Roe v. Wade, the majority is launching yet another attack on women's health and constitutionally protected right to choose whether to carry a pregnancy to term.

Most importantly, this bill will make it virtually impossible for a woman to obtain abortion services even when paid for with purely private, non-Federal funds. Through its novel tax penalty provisions, H.R. 7 departs radically from existing law, taking away women's existing health care and placing their health and lives at risk.

And despite the claims of its sponsors, H.R. 7 does not codify current law, and it is not about the regulation of Federal funds. There is no Federal funding of abortion due to the Hyde amendment, and the Affordable Care Act maintains that policy and law.

For more than 30 years, Congress has prohibited Federal funding of abortion except in cases of rape, incest, or to save the life of the mother, through provisions like the Hyde amendment in annual appropriations bills. Nothing in the Affordable Care Act changes this.

Finally, H.R. 7 also eradicates the authority of the District of Columbia to make decisions about how appropriated funds are used for the health care of the District's citizens.

So what is H.R. 7 really about? Plain and simple, it is an assault on women's health and freedom. It permanently blocks abortion coverage for low-income women, civil servants, D.C. residents, and the military. No committee has considered this legislation. Text was not even available until last night, when the Rules Committee met in a so-called emergency meeting. But the only emergency was the majority didn't have the votes to pass another mean-spirited, anti-choice bill so they are rushing to the floor with this bill in time for the anniversary of Roe v. Wade.

Isn't it time to stop playing politics with women's lives and start governing? Accordingly, I urge my colleagues to oppose this egregious bill.

Mr. PITTS. Madam Speaker, I am pleased to yield 1 minute to the gentlewoman from Indiana (Mrs. WALORSKI).

Mrs. WALORSKI. Madam Speaker, I rise today because I believe all human life is worth protecting. Each one is worth saving and deserves respect and protection.

For years now, pro-life Americans have been forced to watch as their tax dollars subsidize abortion procedures that they are morally opposed to. The No Taxpayer Funding for Abortion legislation prohibits taxpayer funding of elective abortions no matter where in

the Federal system these may occur. This principle is supported by a majority of Americans. In fact, 56 percent of Americans are opposed to taxpayer funding of abortions.

Later today, I will join half a million people who believe that life is a gift at the annual March for Life rally, the largest ongoing march in American history. We have a responsibility, as the elected body representing our constituents, to protect the most vulnerable among us and ensure that women facing unwanted pregnancies do not face judgment or condemnation but have positive support structures and access to health care to help them through their pregnancies. This bill is an important step in the right direction to protecting life.

Ms. DEGETTE. Madam Speaker, I would just ask my colleagues on the other side to please give me an example where Federal taxpayer dollars have been used to pay for an abortion, except with the Hyde amendment exceptions.

Madam Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. COHEN), the ranking Democrat on the Constitution Subcommittee.

□ 1130

Mr. COHEN. Madam Speaker, I, too, am against this bill for I am for a woman's right to choice. This bill is the second bill that has been brought in the last few days to show the Republican side's intent to repeal Roe v. Wade. That is what they would like to do: repeal Roe v. Wade.

What is most important is to understand the theater that this bill has shown that the majority party has made this historic hallowed hall of Congress today.

Today is the March for Life, lots of pro-lifers here. They wanted to give them something, so they scheduled a bill—we could be legislating on jobs, on minimum wage, on infrastructure. They wanted to give them something, so they came with a bill called “fetal pain” to get around the viability requirements of the Supreme Court.

Their caucus found that bill too extreme to get the votes—even their caucus. Now, the leadership wouldn't listen to the Democrats of the Rules Committee, and it wouldn't listen to the Democrats on the floor, and they didn't have the good sense to realize it would make them look as they are: antiwoman and out-of-step with reality.

It took some women and maybe a few men—but mostly women—in their caucus to finally go “no,” so they brought up a retread of a bill. That was a retread too, but they brought up another one, a substitute bill, because they had to have something to give as a gift for the March for Life pro-life caucus.

This is theater. This is drama. That is what this has become. A woman's right should not be theater; it shouldn't be drama. A woman's right should be preserved. If any case, if

there is any question about them, it should go through regular process, go through committees.

Let the Members know about the bill with notice, not have, within 72 hours, a bill brought to this floor. Regular order has been destroyed because of theater and messaging, and that is what you are going to see for the next 2 years.

The American people will be very disappointed in this Congress because it has become the theater of the absurd.

Mr. PITTS. Madam Speaker, I am very pleased to yield 3 minutes to the gentleman from Virginia (Mr. GOODLATTE), the distinguished chairman of the Judiciary Committee.

Mr. GOODLATTE. Madam Speaker, however stark Americans' difference of opinion can be on the matter of abortion generally, there has been long, bipartisan agreement that Federal taxpayer funds should not be used to destroy innocent life.

The Hyde amendment, named for its chief sponsor, former House Judiciary Committee chairman Henry Hyde, has prohibited the Federal funding of abortions since 1976 when it passed a House and Senate that were composed overwhelmingly of Democrat Members.

It has been renewed each appropriations cycle with few changes for over 37 years, supported by Congresses, supported by both parties and Presidents from both parties. It is probably the most bipartisan pro-life proposal sustained over a longer period of time than any other. It is time the Hyde amendment was codified in the United States Code.

H.R. 7, the No Taxpayer Funding for Abortion Act, sponsored by Representative CHRIS SMITH of New Jersey, would do just that. It would codify the two core principles of the Hyde amendment throughout the operations of the Federal Government: namely, a ban on Federal funding for abortions and a ban on the use of Federal funds for health benefits coverage that includes coverage of abortion.

As hundreds of thousands of people from across the country come to Washington to express their love of unborn children at the annual March for Life, it is a marvelous time to reflect on what could be accomplished if the bill we consider today were enacted into law.

During the time the Hyde amendment has been in place, probably millions and millions of innocent children and their mothers have been spared the horrors of abortion. The Congressional Budget Office has estimated that the Hyde amendment has led to as many as 675,000 fewer abortions each year. Let that sink in for a few precious moments.

The policy we will be discussing today has likely given America the gift of millions more children and, consequently, millions more mothers, millions more fathers, millions more lifetimes, and trillions more loving gestures and other human gifts in all their

diverse forms—what a stunningly wondrous legacy and the bill before us today would continue that legacy permanently.

I encourage all my colleagues to support this vitally important legislation.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), the distinguished ranking member of Energy and Commerce.

Mr. PALLONE. Madam Speaker, today is a sad day for this institution. Late last night, when Republicans failed to garner the votes for one extreme antiwomen bill, they flipped a switch and turned to another antiwomen bill.

This attempt to restrict women's access to abortion care is an unprecedented, radical assault on women's health care. Tens of thousands of women and their families will be harmed by this policy.

The bill's sponsors claim that this bill simply codifies the Hyde amendment, and that is inaccurate. This bill takes unprecedented steps far beyond the Hyde amendment.

This bill places restrictions on how women with private insurance can spend private dollars in purchasing health insurance, but the bill doesn't stop there. It also prohibits Washington, D.C., from using its own Medicaid funds to make health care coverage decisions.

The goal behind this bill is to effectively get rid of all comprehensive health care coverage in this country. Anti-choice Republicans want to turn back the clock on women's rights.

It is critical that we protect the right of every woman to make her own personal and private health care decisions. Women, in consultation with their doctors, should remain in control of these choices and not Congress.

I strongly urge my colleagues to vote “no” on H.R. 7.

Mr. PITTS. Madam Speaker, I am very pleased to yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), the pro-life leader in the House of Representatives for many years.

Mr. SMITH of New Jersey. Madam Speaker, I thank Chairman PITTS so very much.

Madam Speaker, on September 9, 2009, President Obama stood 6 feet from where I stand now, right at that podium, and told lawmakers and the American public in a specially called joint session of Congress on health care reform that “under our plan, no Federal dollars will be used to fund abortion.”

In an eleventh hour ploy to garner a remnant of pro-life congressional Democrats—and they were convinced, and they were deceived—needed for passage of ObamaCare legislation, the President issued an executive order on March 24, 2010, and it said, in pertinent part: “The act maintains current Hyde amendment restrictions governing abortion policy and extends those restrictions to newly-created health insurance exchanges.” That is absolutely, I say to my friends, untrue.

Despite an appalling degree of non-transparency, we finally asked the Government Accountability Office to look into it. Last September, they came back and said 1,036 ObamaCare exchange plans covered abortion on demand. GAO also found that a separate billing of the abortion surcharge required by the act is not being enforced by the administration, and the abortion funding premium, again, in 2015 is being illegally rolled into the total plan costs.

Health care consumers are, therefore, unaware when they buy their health insurance whether or not they are paying for abortion on demand. If the Hyde amendment had been applied to ObamaCare, the number of ObamaCare plans covering abortion on demand would be zero.

At its core—I believe my colleagues should know this by now, some don't on this side of the aisle and some on that do—the Hyde amendment has two indisputable parts. It prohibits direct funding for abortion and funding for any insurance plan that includes abortion, except in the cases of rape, incest, or to save the life of the mother.

ObamaCare violates the Hyde amendment by funding insurance plans that pay for abortion on demand. H.R. 7 seeks to accomplish three goals: make the Hyde amendment and other current abortion funding prohibitions current—and that includes the D.C. rider permanent; ensure that the Affordable Care Act faithfully conforms with the Hyde amendment, as promised by the President of the United States; and provide full disclosure, transparency, and prominent display of the extent to which any health insurance plan funds abortion on the exchanges.

Last January, the House passed H.R. 7 by a vote of 227–188. It languished in the Senate for a year—never took it up. This is the same bill. It has been through regular order. Hearings have been held, as well as markup.

The American people, Madam Speaker, strongly oppose taxpayer funding for abortion. The Marist poll that was just released yesterday found that 68 percent of all respondents oppose using taxpayer funding for abortion, and a whopping 69 percent of women are against taxpayer funding for abortion, and 71 percent of the millennials are against taxpayer funding for abortion.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PITTS. Madam Speaker, I yield the gentleman an additional 1 minute.

Mr. SMITH of New Jersey. Madam Speaker, I thank my friend.

We live in an age of ultrasound imaging, the ultimate window to the womb and the child, that precious child, who resides there. We are in the midst of a fetal health care revolution, an explosion of benign interventions designed to diagnose, treat, and cure the precious lives of these children.

Abortion is antithetical to that. It dismembers, chemically poisons, shots to the heart, to stop the heart from

beating. As you know—and I know my friend from New York is next to speak—at testimony before your committee, Dr. Levantino said—and he is an abortionist—he said the baby can be in any position in the uterus.

You just reach in with a Sopher clamp and grasp whatever you can. You pull out an arm, he went on to say. You pull out and reach in again and again, and you tear out the spine, intestine, heart, and lungs.

These are gruesome procedures. That is what abortion is all about: the dismemberment and chemical poisoning of children.

H.R. 7 will save lives. There is no doubt about that. The Hyde amendment—I remember when Henry Hyde was told that 1 million, maybe even more than 1 million children have survived because of the Hyde amendment.

Tears came down his face, knowing that those kids are now in the world, going to school, having their own families, playing soccer, and doing other great things.

The SPEAKER pro tempore. Members are reminded that they should direct their remarks to the Chair.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. NADLER), the distinguished senior member of the Judiciary Committee.

Mr. NADLER. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise today in opposition to H.R. 7, the so-called No Taxpayer Funding for Abortion Act.

The name of the bill is a lie. There is now no taxpayer funding for abortions. I wish there were. The right of a woman to decide whether to become pregnant, to decide to continue her pregnancy, or even to make the difficult decision to terminate her pregnancy is protected by the Constitution.

The Supreme Court has determined that neither Congress nor a State may place an undue burden on that right. Denial of Medicaid or other government funding that would be available for other medical procedures should be considered an undue burden, but that is not the law, unfortunately. Taxpayer funding of abortion is prohibited by the Hyde amendment.

This bill goes far beyond that. This bill for the first time ever denies tax deductions and credits for women who use their own money to pay for abortions or to purchase insurance that covers abortions. In so doing, the Republican majority increases taxes for women and families.

This bill for the first time denies the itemized medical tax deduction that is otherwise available for medical expenses if the medical expense is for an abortion.

This bill for the first time treats as taxable income any distribution from a flexible spending account or health savings account that is used to pay for abortion expenses.

This bill for the first time denies small employers the ability to use tax

credits to help them to provide health coverage for their employees if that coverage includes abortion.

This bill also denies income-eligible women the use of premium tax credits available under the Affordable Care Act if the insurance coverage they select includes abortion coverage.

In first opposing and then voting to repeal the Affordable Care Act 50 times, my Republican colleagues have complained that government should not meddle in the private insurance market or in private health care choices, but this legislation obviously is designed to do just that.

It seems that many Republicans believe in freedom, provided no one uses that freedom in the way they do not approve. That is a strange understanding of freedom.

Even more stunning, this bill increases taxes on families, businesses, and the self-employed if they spend their own money—let me repeat that—their own money on abortion coverage or services, and this tax increase is being championed by Republicans, all of whom have taken a pledge not to raise taxes on individuals or businesses.

The intent of the bill is clear. It is to end insurance coverage for abortions for all women, whether or not they obtain their insurance on an exchange, and even if they use their own money to purchase the insurance.

□ 1145

My colleagues in the majority believe that, if you like your insurance coverage, you should get to keep it unless it is for choices that they don't like. Then they have no qualms about taking your insurance coverage away. That is the intended and likely result of this bill.

Currently, the vast majority of insurance policies cover abortion services, but insurance companies will likely respond to the tax penalties this bill imposes by dropping the coverage of abortions from all of their plans. This will have a significant effect on all women, not just on lower income women, who have long felt the brunt of Federal restrictions on their health care choices.

H.R. 7 is a radical departure from the current tax treatment of medical expenses and insurance coverage, and it is neither justifiable nor necessary to prevent the Federal funding of abortion. It is a frontal assault on the liberty and dignity of all American women. It should be roundly rejected.

Mr. PITTS. Madam Speaker, the Hyde language does not apply to ObamaCare. There is not one sentence in this 2,700-page bill. Read the bill. It applies to Medicaid and to annually appropriated programs.

Mr. SMITH of New Jersey. Will the gentleman yield?

Mr. PITTS. I yield 10 seconds to the gentleman.

Mr. SMITH of New Jersey. Madam Speaker, one of the things that people seem to forget here is that ObamaCare

both authorizes and appropriates the money so that it is outside the purview of the HHS appropriations bill. That is why this legislation is needed. The President promised he would apply the Hyde amendment, but he has not.

Mr. PITTS. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. ROTHFUS), another champion of life.

Mr. ROTHFUS. I rise in support of H.R. 7, the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act.

Madam Speaker, we know from science that everyone's life begins at conception. The right to life is God-given and is described in our Declaration of Independence as "unalienable," which means something that cannot be taken away. I defend, Madam Speaker, the right to life of everyone in this country and of everyone in this Chamber, even of those opposed to this legislation.

This bill helps promote a culture of life. It reflects the overwhelming opinion held by Americans that taxpayer dollars should not be used to pay for abortion. It also holds President Obama accountable for another one of his broken promises, when he assured us that his health care law would not allow taxpayer funds to be used for abortion.

We know, Madam Speaker, from a September 15, 2014, GAO report on health insurance exchanges that tax dollars are paying for more than 1,000 ObamaCare plans that cover elective abortions. This bill stops that. I insert the GAO report into the CONGRESSIONAL RECORD.

[From the U.S. Government Accountability Office, Sept. 15, 2014]

CONGRESSIONAL REQUESTERS—HEALTH INSURANCE EXCHANGES: COVERAGE OF NON-EXCEPTED ABORTION SERVICES BY QUALIFIED HEALTH PLANS

The Patient Protection and Affordable Care Act (PPACA) requires the establishment in all states of health insurance exchanges—marketplaces where eligible individuals may compare and select among insurance plans offered by participating private issuers of health coverage. PPACA requires the insurance plans offered under an exchange, known as qualified health plans (QHP), to provide a package of essential health benefits—including coverage for specific service categories, such as ambulatory care, prescription drugs, and hospitalization. In addition to these categories states may require or restrict coverage of other benefits by QHPs. Consistent with federal and state law, QHPs may cover other benefits, such as abortion services.

PPACA prohibits the use of federal funds made available to offset the cost of QHP coverage—that is, income-based tax credits and subsidies—to pay for "non-accepted abortion services," which, based on the law applicable to the 2014 benefit year, are abortion services performed except where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. While QHPs may cover non-accepted abortion services, PPACA places requirements on the provision of such coverage. These include the requirement to estimate the cost of coverage of such services, at an amount of no less than

\$1 per enrollee, per month, and to collect from each enrollee an amount equal to the actuarial value of the coverage—segregated from any other premium amounts collected by the QHP—to be used to pay for the costs associated with providing non-accepted abortion services. In addition, PPACA directed the Office of Personnel Management (OPM) to contract with issuers to offer at least two multi-state QHPs in each state, at least one of which does not cover non-accepted abortion services.

There are 23 states with laws restricting the circumstances under which QHPs may provide non-accepted abortion services as a covered benefit in 2014, and 28 states with no such laws. Among the 23 states with restrictions, 17 have laws that do not permit the coverage of non-accepted abortion services by QHPs, and 6 states permit the coverage of non-accepted abortion services only in limited circumstances, such as to prevent substantial and irreversible impairment of a pregnant woman's major bodily function.

You asked that we provide a list of QHPs that do and that do not cover abortion services and for additional information on issues related to that coverage. This report describes whether non-accepted abortion services are covered by QHPs within the 28 states with no laws restricting such coverage for the 2014 benefit year, and provides additional information—such as the scope and the cost of non-accepted abortion services coverage—for selected QHPs that cover such services.

To obtain the information we present here, we contacted every state to determine whether states had laws restricting the circumstances under which abortion services may be provided as a covered benefit by QHPs in 2014. Based on our review of those laws and relevant federal laws and regulations, we determined that 23 states have laws restricting the circumstances under which non-accepted abortion services may be provided as a covered benefit by QHPs for the 2014 benefit year. In order to report on whether non-accepted abortion services are covered by QHPs within the 28 states with no laws restricting such coverage in 2014, we obtained data on QHPs' coverage of non-accepted abortion services from the Centers for Medicare & Medicaid Services (CMS), within the Department of Health and Human Services (HHS), the agency responsible for overseeing the establishment of health insurance exchanges; private issuers of QHPs; state departments of insurance and state exchange organizations; and from officials at OPM. While these data sources have different characteristics and limitations, we have determined that, when taken together, they are reliable for the purpose of identifying which QHPs do and which do not provide non-accepted abortion services coverage in 2014 within the 28 states with no laws restricting such coverage. To provide additional information regarding non-accepted abortion services for selected QHPs that cover such services, we interviewed and collected documentation from a non-probability sample of 18 issuers about the QHPs they offer in 10 states. Our criteria for selecting these issuers included states with no laws restricting non-accepted abortion services coverage organized by CMS region, state uninsured population, and number of issuers covering non-accepted abortion services. These 18 issuers accounted for nearly one-quarter of QHPs that covered non-accepted abortion services and were offered within the 28 states.

We conducted our work from February 2014 to September 2014 in accordance with all sections of GAO's Quality Assurance Framework that are relevant to our objectives. The framework requires that we plan and perform the engagement to obtain sufficient

and appropriate evidence to meet our stated objectives and to discuss any limitations in our work. We believe that the information and data obtained, and the analysis conducted, provide a reasonable basis for any findings and conclusions in this product.

RESULTS

1. Which QHPs participating in health insurance exchanges provide non-accepted abortion services as a covered benefit, and which do not?

Within the 28 states with no laws restricting the circumstances under which QHPs may provide non-accepted abortion services as a covered benefit in 2014:

—in 5 states (Connecticut, Hawaii, New Jersey, Rhode Island, and Vermont), all QHPs cover non-accepted abortion services;

—in 15 states (Alaska, Arizona, California, Colorado, the District of Columbia, Georgia, Maine, Maryland, Massachusetts, Montana, New Mexico, New York, Oregon, Texas, and Washington), some QHPs cover non-accepted abortion services; and

—in 8 states (Delaware, Illinois, Iowa, Minnesota, Nevada, New Hampshire, West Virginia, and Wyoming), no QHPs cover non-accepted abortion services.

Nationally, 1,036 QHPs in these 28 states cover non-accepted abortion services and 1,062 QHPs do not.

2. For selected QHPs, what is the scope of the non-accepted abortion services benefits that are provided?

Of the 18 issuers offering QHPs that cover non-accepted abortion services from which we obtained information, all but three issuers indicated that the benefit is not subject to any restrictions, limitations, or exclusions. One issuer told us that it only covers services for a "therapeutic abortion," which a health care provider determines to be medically necessary. Two issuers that offered QHPs in New York indicated that, consistent with requirements set by the state-based exchange, they impose a limit of one non-accepted abortion treatment per year. However, one of these two issuers indicated they also offer QHPs that were not subject to this restriction. All 18 issuers also indicated that their abortion services benefit is subject to the same requirements as other benefits, such as enrollee out-of-pocket costs—including deductibles, copayments, and coinsurance—and prior authorization, all of which can vary depending on the location where the service is provided. For example, issuers indicated that if this service is provided in an outpatient setting—which one issuer noted is the typical location—enrollees are not required to request prior authorization, similar to any other service performed in an outpatient setting. Additionally, if performed in an inpatient setting, the service would require prior authorization, similar to any other service performed in such a setting. Issuers indicated that this benefit is described in member materials where other covered benefits are listed.

3. For selected QHPs, how do issuers estimate the cost of non-accepted abortion services coverage, what is this cost, and how are enrollees billed for this coverage?

To estimate the cost of covering non-accepted abortion services, issuers we contacted indicated that they generally reviewed historical costs for these procedures, similar to the approach used to estimate the actuarial value of the premium attributable to the cost of other covered benefits. All but one of the issuers from which we obtained information estimated the cost of the coverage of non-accepted abortion services to be less than \$1 per enrollee, per month. For example, officials from one issuer told us that their actuaries estimated that the cost for non-accepted abortion services ranged between 10 cents and 20 cents per enrollee, per

month, calculated across multiple states, while officials with another issuer said that the cost for these services ranged from 10 cents to 70 cents per enrollee, per month. All but two of the issuers that estimated the cost to be less than \$1 indicated they rounded the amount up to comply with PPACA's requirement that the cost of such coverage be estimated at no less than \$1 per enrollee, per month. The other two issuers noted that they did not round up the amount to the statutory minimum of \$1 and, therefore, were not using this statutory minimum as a basis for determining premium amounts to collect from enrollees for non-excepted abortion services. The highest cost estimated by the issuers we interviewed was \$1.10 per enrollee, per month. For several of the issuers we contacted, the premium amount associated with non-excepted abortion services coverage was reported to also be \$1; however, for other issuers the premium amount varied from the cost issuers estimated for this coverage. For example, the issuer that estimated the cost of coverage of non-excepted abortion services at \$1.10 per enrollee, per month, indicated that when adjusted to a paid cost based upon plan design and administrative expenses, the premium amount collected from enrollees ranged from 51 cents to \$1.46, depending on the specific QHP.

Fifteen issuers and the Washington Health Benefit Exchange—which bills enrollees on behalf of issuers offering QHPs in the state-based exchange, including for 2 of the 18 issuers from which we obtained information—did not itemize the premium amount associated with non-excepted abortion services coverage on enrollees' bills nor indicate that they send a separate bill for that premium amount. Officials from the remaining issuer from which we obtained information told us that their bills indicate that there is a \$1 charge "for coverage of services for which member subsidies may not be used."

4. For selected QHPs, how are consumers shopping for QHPs able to determine whether non-excepted abortion services are covered?

PPACA does not establish any requirements on whether or how information about non-excepted abortion services should be made available to consumers before they enroll in QHPs, though six of the issuers we contacted indicated that they made available such information about coverage for abortion services—which they stated includes both excepted and non-excepted abortion services—to consumers shopping for QHPs. These issuers indicated that there are various ways consumers may determine if their QHPs provide coverage for abortion services before they enroll. For example, issuers said that QHP materials—such as their summary of benefits and coverage or member policies, such as the Evidence of Coverage document—indicate that abortion services are covered, and these materials are available to consumers shopping for QHPs through the issuer's website or through the exchange's website. Specifically, officials with one issuer informed us that their Evidence of Coverage document, which provides details about the features of their QHPs, was available through the state-based exchange and the benefit—"voluntary termination of pregnancy"—is identified in that document under "Family Planning Services." Eleven issuers indicated that consumers shopping for QHPs do not have access to such information; some of these issuers indicated that consumers would need to call the issuer directly before enrolling to determine whether a QHP provides coverage for abortion services.

PPACA requires that QHP issuers providing non-excepted abortion services coverage notify enrollees at the time of enroll-

ment that those services are covered. While most issuers from which we collected information indicated they were notifying enrollees that abortion services were provided as a covered benefit, four issuers indicated they were not disclosing this information to enrollees. Officials with two of these four issuers told us they had only recently become aware of this requirement, and were in the process of updating their enrollee materials to come into compliance with the notification requirement. Officials with the other two issuers, both of which offered QHPs in the same state, told us that they are not providing enrollees with notification of the coverage of non-excepted abortion services at the time of enrollment. These officials said that they use model plan materials developed by the state that do not specifically indicate that non-excepted abortion services are a covered benefit, and that such information would only be provided upon enrollee request.

Mr. ROTHFUS. As hundreds of thousands march today on the anniversary of the *Roe v. Wade* decision, I urge my colleagues to join me in committing to defend the sanctity of life and vote "yes" on this bill.

Ms. DEGETTE. Madam Speaker, I am now pleased to yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), the distinguished senior member of the Judiciary Committee.

Ms. JACKSON LEE. I thank the gentlewoman for her courage.

Madam Speaker, I stand here today, refusing to surrender on behalf of millions of women of all economic backgrounds, races, ethnicities, and religions who rely upon the Supreme Court of the United States, which, under the Ninth Amendment, has indicated that *Roe v. Wade*—the right to choose—is a viable and important law of the land. How can we undermine the Constitution in its premise and its articulation?

Today, very quickly, let me say that I know there are millions who are here to disagree with me. I respect that disagreement, but I am saddened that we would take advantage of this day to misrepresent the law and pass a law that will do damage to millions of Americans.

This is the face of Republican women, who, in essence, decided that H.R. 36 was too extreme. Even Republican men said that they could not vote on a bill that caused or asked women to report a rape before they would be able to benefit from an abortion. How sad, in the trauma of rape, that you must require someone to go to the police department before she could get assistance. That bill was pulled. That extreme bill was pulled.

In order not to leave us without dramatics, we come again to do what is hurting millions of women in Texas—where they cannot even get health services because of the laws passed in Texas, which completely shut down good health care clinics that deal in abortion and other women's services for health care—with this dastardly law about requiring those clinics to be within a certain mileage of hospitals, with their never having any problem before.

Now we come with another masquerade in H.R. 7, which prohibits Federal funds from being used for any health benefits coverage which includes the coverage of abortion, making permanent already existing Federal policies, prohibiting the inclusion of abortion in any health care service furnished by Federal or the District of Columbia health care—again, interfering with the women in the District of Columbia—and prohibiting individuals from receiving refundable Federal tax credits—individuals interfering with private health insurance.

Madam Speaker, this is a bad bill, and I ask my colleagues to vote against it. It undermines the Constitution and the Ninth Amendment.

Ms. JACKSON LEE. Madam Speaker, I rise again in strong opposition to the rule for H.R. 7, the so-called "No Taxpayer Funding for Abortion Act," and the underlying bill.

I oppose this bill because it is unnecessary, puts the lives of women at risk, interferes with women's constitutionally guaranteed right of privacy, and diverts our attention from the real problems facing the American people.

A more accurate short title for this bill would be the "Violating the Rights of Women Act of 2015!"

Instead of resuming their annual War on Women, our colleagues across the aisle should be working with Democrats to build upon the "Middle-Class Economics" championed by the Obama Administration that have succeeded in ending the economic meltdown it inherited in 2009 and revived the economy to the point where today we have the highest rate of growth and lowest rate of unemployment since the boom years of the Clinton Administration.

We could and should instead be voting to raise the minimum wage to \$10.10 per hour so that people who work hard and play by the rules do not have raise their families in poverty.

A far better use of our time would be to provide help to unemployed job-hunters by making access to community college affordable to every person looking to make a new start in life.

Instead of voting to abridge the constitutional rights of women for the umpteenth time, we should bring to the floor for a first vote comprehensive immigration reform legislation or legislations repairing the harm to the Voting Rights Act of 1965 by the Supreme Court's decision in *Shelby County v. Holder*.

Madam Speaker, the one thing we should not be doing is debating irresponsible "messaging bills" that abridge the rights of women and have absolutely no chance of overriding a presidential veto.

The version of H.R. 7 before us now is as bad today as it was when the House Republican leadership insisted on bringing it to a vote a year ago.

The other draconian provisions of that terrible bill are retained in H.R. 7, which would:

1. Prohibit federal funds from being used for any health benefits coverage that includes coverage of abortion. (Thus making permanent existing federal policies.)

2. Prohibit the inclusion of abortion in any health care service furnished by a federal or District of Columbia health care facility or by any physician or other individual employed by the federal government or the District.

3. Apply such prohibitions to District of Columbia funds.

4. Prohibit individuals from receiving a refundable federal tax credit, or any cost-sharing reductions, for purchasing a qualified health plan that includes coverage for abortions.

5. Prohibit small employers from receiving the small-employer health insurance credit provided by the health care law if the health plans or benefits that are purchased provide abortion coverage.

If H.R. 7 were enacted, millions of families and small businesses with private health insurance plans that offer abortion coverage would be faced with tax increases, making the cost of health care insurance even more expensive.

Under the Affordable Care Act, insurers are able to offer abortion coverage and receive federal offsets for premiums as long as enrollees pay for the abortion coverage from separate, private funds.

If enacted, H.R. 7 would deny federal subsidies or credits to private health insurance plans that offer abortion coverage even if that coverage is paid for from private funds.

This would inevitably lead to private health insurance companies dropping abortion coverage leaving millions of women without access to affordable, comprehensive health care.

Currently, 87% of private insurance health care plans offered through employers cover abortion.

If H.R. 7 were to become law, consumer options for private health insurance plans would be unnecessarily restricted and the tax burden on these policy holders would increase significantly.

H.R. 7 would also deny tax credits to small businesses that offer their employees insurance plans that cover abortion, which would have a significant impact on millions of families across the nation who would no longer be able to take advantage of existing tax credits and deductions for the cost of their health care.

For example, small businesses that offer health plans that cover abortions would no longer be eligible for the Small Business Health Tax Credit—potentially worth 35%–50% of the cost of their premiums—threatening 4 million small businesses.

Self-employed Americans who are able to deduct the cost of their comprehensive health insurance from their taxable income will also be denied similar tax credits and face higher taxes.

H.R. 7 would also undermine the District of Columbia's home rule by restricting its use of funds for abortion care to low-income women.

The Hyde Amendment stipulates that no taxpayer dollars are to be used for abortion care, and has narrow exceptions for rape, incest, and health complications that arise from pregnancy which put the mother's life in danger.

H.R. 7 would restrict women's access to reproductive health care even further by narrowing the already stringent requirements set forth in the Hyde Amendment.

When the Affordable Care Act was signed into law, the President issued an Executive Order to "ensure that Federal funds are not used for abortion services."

This version of H.R. 7 goes far beyond the safeguards established under the Affordable Care Act, and sets a dangerous precedent for the future of women's reproductive health in

this country because it includes two new provisions that were added at the nth hour but have never received a hearing or a mark-up.

These new provisions would (1) ban abortion coverage in multi-state health plans available under the ACA; and (2) mandate that health plans mislead consumers about abortion coverage by requiring all plans in the health-insurance exchanges that include abortion coverage to display that fact prominently in all advertising, marketing materials, or information from the insurer but interestingly, does not require the same disclosure from plans that do not cover abortion.

Madam Speaker, H.R. 7 would also force health plans to mislead consumers about the law's treatment of abortion.

As a concession to anti-choice lawmakers, the ACA requires insurance plans participating in the new health system to segregate monies used for abortion services from all other funds.

In order to aid in identifying these funds and simplify the process of segregating general premium dollars from those used to cover abortion services, the ACA requires that health plans estimate the cost of abortion coverage at no less than \$1 per enrollee per month.

H.R. 7 would require plans covering abortion to misrepresent this practice as an "abortion surcharge," which is to be disclosed and identified as a portion of the consumer's premium.

By describing abortion coverage in this way, H.R. 7 makes it look as though it is an added, extra cost, available only at an additional fee, when in fact it is not.

Taken together, the provisions in H.R. 7 have the effect, and possibly the intent, of arbitrarily infringing women's reproductive freedoms and pose a nationwide threat to the health and wellbeing of American women and a direct challenge to the Supreme Court's ruling in *Roe v. Wade*.

Madam Speaker, one of the most detestable aspects of this bill is that it would curb access to care for women in the most desperate of circumstances.

Women like Danielle Deaver, who was 22 weeks pregnant when her water broke. Tests showed that Danielle had suffered anhydramnios, a premature rupture of the membranes before the fetus has achieved viability.

This condition meant that the fetus likely would be born with a shortening of muscle tissue that results in the inability to move limbs. In addition, Danielle's fetus likely would suffer deformities to the face and head, and the lungs were unlikely to develop beyond the 22-week point.

There was less than a 10% chance that, if born, Danielle's baby would be able to breathe on its own and only a 2% chance the baby would be able to eat on its own.

H.R. 7 hurts women like Vikki Stella, a diabetic, who discovered months into her pregnancy that the fetus she was carrying suffered from several major anomalies and had no chance of survival. Because of Vildri's diabetes, her doctor determined that induced labor and Caesarian section were both riskier procedures for Vildri than an abortion.

Every pregnancy is different. No politician knows, or has the right to assume he knows, what is best for a woman and her family.

These are decisions that properly must be left to women to make, in consultation with their partners, doctors, and their God.

H.R. 7 lacks the necessary exceptions to protect the health and life of the mother.

H.R. 7 is an unconstitutional infringement on the right to privacy, as interpreted by the Supreme Court in a long line of cases going back to *Griswold v. Connecticut* in 1965 and *Roe v. Wade* decided in 1973.

In *Roe v. Wade*, the Court held that a state could not prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability.

While many factors go into determining fetal viability, the consensus of the medical community is that viability is acknowledged as not occurring prior to 24 weeks gestation.

Supreme Court precedents make it clear that neither Congress nor a state legislature can declare any one element—"be it weeks of gestation or fetal weight or any other single factor—as the determinant" of viability. *Colautti v. Franklin*, 439 U.S. 379, 388–89 (1979).

The constitutionally protected right to privacy encompasses the right of women to choose to terminate a pregnancy before viability, and even later where continuing to term poses a threat to her health and safety.

This right of privacy was hard won and must be preserved inviolate.

The bill before us threatens this hard won right for women and must be defeated.

I urge all members to join me in opposing the rule and the underlying bill. H.R. 7 should be pulled off of this floor!

Madam Speaker, I rise in strong opposition to H.R. 36, the "Pain Capable Unborn Child Protection Act." In the last Congress, I opposed this irresponsible and reckless legislation.

I opposed the bill, which arbitrarily bans a woman from exercising her constitutionally protect right to choose to terminate a pregnancy after 20 weeks, last year for the same reasons I do now. This purely partisan and divisive legislation:

1. Unduly burdens a woman's right to terminate a pregnancy and thus puts their lives at risk;

2. Does not contain exceptions for the health of the mother;

3. As introduced and considered in the Judiciary Committee, unfairly targeted the District of Columbia; and

4. Infringes upon women's right to privacy, which is guaranteed and protected by the U.S. Constitution.

Madam Speaker, in 2010, Nebraska passed a law banning abortion care after 20 weeks. Since then 10 more red states—Alabama, Arizona, Arkansas, Georgia, Idaho, Indiana, Kansas, Louisiana, North Dakota, and Oklahoma—have enacted similar bans. None of these laws has an adequate health exception. Only one provides an exception for cases of rape or incest.

H.R. 36 seeks to take the misguided and mean-spirited policy of these states and make it the law of the land. In so doing, the bill poses a nationwide threat to the health and wellbeing of American women and a direct challenge to the Supreme Court's ruling in *Roe v. Wade*.

Madam Speaker, one of the most detestable aspects of this bill is that it would curb access to care for women in the most desperate of circumstances. It is these women who receive the 1.5 percent of abortions that occur after 20 weeks.

Women like Danielle Deaver, who was 22 weeks pregnant when her water broke. Tests showed that Danielle had suffered anhydramnios, a premature rupture of the membranes before the fetus has achieved viability. This condition meant that the fetus likely would be born with a shortening of muscle tissue that results in the inability to move limbs.

In addition, Danielle's fetus likely would suffer deformities to the face and head, and the lungs were unlikely to develop beyond the 22-week point. There was less than a 10% chance that, if born, Danielle's baby would be able to breathe on its own and only a 2% chance the baby would be able to eat on its own. Danielle and her husband decided to terminate the pregnancy but could not because of the Nebraska ban. Danielle had no recourse but to endure the pain and suffering that followed. Eight days later, Danielle gave birth to a daughter, Elizabeth, who died 15 minutes later.

H.R. 36 hurts women like Vikki Stella, a diabetic, who discovered months into her pregnancy that the fetus she was carrying suffered from several major anomalies and had no chance of survival. Because of Vikki's diabetes, her doctor determined that induced labor and Caesarian section were both riskier procedures for Vikki than an abortion. Because Vikki was able to terminate the pregnancy, she was protected from the immediate and serious medical risks to her health and her ability to have children in the future was preserved.

Madam Speaker, every pregnancy is different. No politician knows, or has the right to assume he knows, what is best for a woman and her family. These are decisions that properly must be left to women to make, in consultation with their partners, doctors, and their God.

That is why the American College of Obstetricians and Gynecologists, the nation's leading medical experts on women's health, strongly opposes 20-week bans, citing the threat these laws pose to women's health.

Madam Speaker, I also strongly oppose H.R. 36 because it lacks the necessary exceptions to protect the health and life of the mother. In fact, the majority Republicans rejected an amendment offered by our colleague, Congressman NADLER, which would have added a "health of the mother" exception to the bill.

Madam Speaker, this may come as news to some in this body, but each year approximately 25,000 women in the United States become pregnant as a result of rape. And about a third (30%) of these rapes involved women under age 18!

Madam Speaker, last and most important, I oppose H.R. 36 because it is an unconstitutional infringement on the right to privacy, as interpreted by the Supreme Court in a long line of cases going back to *Griswold v. Connecticut* in 1965 and *Roe v. Wade* decided in 1973. In *Roe v. Wade*, the Court held that a state could prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability. While many factors go into determining fetal viability, the consensus of the medical community is that viability is acknowledged as not occurring prior to 24 weeks gestation.

Late Wednesday night because of how absurd H.R. 36 was—it was pulled from the floor.

By prohibiting nearly all abortions beginning at "the probable post-fertilization age" of 20 weeks, H.R. 36 violates this clear and long standing constitutional rule.

In striking down Texas's pre-viability abortion prohibitions, the Supreme Court stated in *Roe v. Wade*:

With respect to the State's important and legitimate interest in potential life, the 'compelling' point is at viability. This is so because the fetus then presumably has the capability of meaningful life outside the mother's womb. State regulation protective of fetal life after viability thus has both logical and biological justification. If the State is interested in protecting fetal life after viability, it may go as far as to proscribe abortion during that period, except when it is necessary to preserve the life or health of the mother.

Supreme Court precedents make it clear that neither Congress nor a state legislature can declare any one element—"be it weeks of gestation or fetal weight or any other single factor—as the determinant" of viability. *Colautti v. Franklin*, 439 U.S. 379, 388–89 (1979). NOT can the government restrict a woman's autonomy by arbitrarily setting the number of weeks gestation so low as to effectively prohibit access to abortion services as is the case with the bill before us.

If this bill ever were to become law, it would not survive a constitutional challenge even to its facial validity. A similar 20-week provision enacted by the Utah legislature was struck down years ago as unconstitutional by the United States Court of Appeals for the 10th Circuit because it "unduly burden[ed] a woman's right to choose to abort a nonviable fetus." *Jane L. v. Bangerter*, 102 F.3d 1112, 1118 (10th Cir. 1996). And just last month, the Ninth Circuit struck down a 20 week ban on the ground that the U.S. Supreme Court has been "unalterably clear" that "a woman has a constitutional right to choose to terminate her pregnancy before the fetus is viable." *Isaacson v. Horne*, F.3d, No. 12–16670, 2013 WL 2160171, at *1 (9th Cir. May 21, 2013).

Madam Speaker, the constitutionally protected right to privacy encompasses the right of women to choose to terminate a pregnancy before viability, and even later where continuing to term poses a threat to her health and safety.

This right of privacy was hard won and must be preserved inviolate.

Mr. PITTS. Madam Speaker, I am pleased to yield 2 minutes to the gentleman from Ohio, STEVE CHABOT, another pro-life champion and the principal sponsor of the Partial-Birth Abortion Ban.

Mr. CHABOT. I thank the gentleman for yielding.

Madam Speaker, a little while ago, a number of my colleagues from the other side of the aisle came down and made, I believe, the ludicrous allegation that this bill is somehow an attack on women's health care, and, therefore, we ought to be spending

time on the infrastructure and on a whole range of issues.

If you want to talk about an attack on women's health care, it is called "ObamaCare." It is an attack on the health care of women and men and children in this country—deductibles up, premiums up, the quality of health care down. Most of the folks who came down to the mike—I can't say all of them. I think probably all of them if they were here—voted for ObamaCare, and the American people are having to live with the results of that. Now, that is an attack on the health care of American women.

This legislation simply says that there ought not to be taxpayer dollars going to pay for abortions in this country, that one person shouldn't have to pay for the abortion of another person whether it is on moral grounds, conscience, or one's religion. You shouldn't make one person pay for another person's abortion. It is pretty simple, and the American people overwhelmingly agree with that point of view. That is what this legislation is about. It is in ObamaCare as well. It is the same thing. Through insurance or otherwise, you shouldn't force one person to pay for another person's abortion because one is opposed to it.

Today happens to be a day that is important to me. It is the day I was born. It is my birthday. It also happens to be the date that, I would say, the infamous decision of *Roe v. Wade* came down. My birthday was in 1953, and this was in 1973 that *Roe* came down. On this day, I can't help but think of those millions and millions and millions of Americans who do not exist today because of that decision.

This, obviously, is related to that, but it is mostly about the choice that a person has to make; and if she makes that choice, should somebody else have to pay for it? The law says "no." I agree with the law. Support this bill.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 1 minute to the gentlewoman from California (Ms. JUDY CHU).

Ms. JUDY CHU of California. Madam Speaker, once again, women's rights are being attacked on the floor of the House. A decision about health that should be made by a woman and her doctor is, instead, being made by politicians with an agenda. Despite their claims of acting for the sake of women's health, this draconian bill would deny women access to medical care and drive out abortion coverage from private health plans once and for all.

What would be the effect?

Women would be denied access to abortion, especially low-income and minority women who are buying health insurance through the marketplace. For some, they will be sent back to the

days before *Roe v. Wade*, when women who were desperate for help were driven to unlicensed doctors and unsanitary conditions, often suffering infections, hemorrhages, and, at times, death.

We should not be in the business of endangering women's health and safety. This is why, yesterday, I introduced the Women's Health Protection Act. It would prevent States from restricting access to abortion if they cannot demonstrate an actual benefit to women's health. Personal medical decisions belong solely to the people they impact and to the medical professionals they trust. We must oppose this bill.

Mr. PITTS. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Tennessee, DIANE BLACK, another pro-life spokesperson.

Mrs. BLACK. Madam Speaker, today is a somber occasion. On this 42nd anniversary of the Supreme Court's tragic decision in *Roe v. Wade*, our hearts ache for the 56 million unborn lives that have been lost due to this shameful practice of abortion.

But, today, there is hope because we have an opportunity to make a difference by passing the No Taxpayer Funding for Abortion Act. This commonsense, compassionate legislation will protect Americans' conscience rights by ensuring that their hard-earned tax dollars are not used to fund the destruction of a human life.

As a mother, a grandmother, and a nurse for over 40 years, this measure is especially meaningful to me. During my years in the health care industry, I saw the joy in young parents' eyes when they met their newborn children for the very first time; I held the hands of grieving spouses and children as they said their final good-byes to loved ones; and, sadly, I witnessed a young woman lose her life due to the effects of a botched abortion.

These experiences informed my view that all life is a precious gift from God, and I pray that, in time, this truth will be reflected in our Nation's laws; but, until then, can't we at least do this much?

I urge a "yes" vote on the No Taxpayer Funding for Abortion, and I thank the sponsor for his work on this deeply important legislation.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Madam Speaker, I rise today in strong opposition to the No Taxpayer Funding for Abortion Act, a bill falsely advertised as pro-family and supporting American values.

If they actually care about defending the values of our Nation and of the well-being of American families, I ask my colleagues across the aisle to offer legislation that reflects the priorities of American families instead of debating a bill that the Republican leadership just threw on the calendar at the last minute because their original

abortion bill was too extreme, even for them.

Today, we should be discussing ways to ensure every woman can put food on the table by raising the minimum wage, like 29 States have done, and by passing equal pay for women. We should be discussing how to ensure that every person who dreams of a higher education has access to it by working with President Obama on his community college proposal. We should be discussing legislation to allow 43 million workers to take time off when they are sick and to make sure parents can take time off with their new babies.

These are the family-centered priorities that reflect our values as a nation, and these are, certainly, the challenges that my constituents in south Florida sent me here to tackle. Instead, we are debating a bill with an underlying principle that has already been codified.

Our colleagues on the other side of the aisle know that a regressive policy of banning taxpayer funding for abortion, which only serves to punish our Nation's poor and most vulnerable women, already exists. As the President said Tuesday night, while we may not agree on choice, we can at least agree that the best people to make these decisions for women are not politicians. Building on the zeal to interfere in the health decisions of women, this bill goes even further by tying a woman's health options to her income.

A strong majority of Americans agree, including 62 percent who identify as Republicans, that abortion is the wrong issue for Congress to be spending its time on. I agree with them. When my colleagues are prepared to work on legislation that truly addresses the concerns of the American people, we stand ready to work with them.

Listen to your Members who sounded the alarm bell on the original bill that was pulled off this floor, and get your priorities straight.

Mr. PITTS. Madam Speaker, I am very pleased to yield 1 minute to the gentleman from California, Mr. KEVIN MCCARTHY, our distinguished majority leader in this Congress.

Mr. MCCARTHY. I thank the gentleman for yielding.

Madam Speaker, we are here today, taking a step forward towards a simple goal—to save innocent lives from abortion and to make sure no woman ever has to make that decision to end the life of her child. We all know that this is more than just some debate or social disagreement. These are human beings we are talking about.

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This is about pregnant mothers facing hardship and tough choices. It is about a culture of telling people that human life is expendable. But most importantly, this is about human beings—more than 56 million children since *Roe v. Wade*—who have been de-

nied a chance to live. We are here today for them, to make sure every person has the most fundamental right of all: the right to life.

Today, on the anniversary of *Roe v. Wade* and during the March for Life, the House will vote on a bill to stop all Federal funding from being used to pay for abortion. At the very least, the American people should never be forced to pay for abortions or abortion coverage with their tax dollars.

I urge my colleagues to stand with the hundreds of thousands of people out on The Mall right now by voting for this bill. Stand up and commit to creating an America that values every life, especially the lives of innocents who cannot stand up for themselves.

Ms. DEGETTE. Madam Speaker, I am now pleased to yield 1 minute to the gentleman from Florida (Mr. MURPHY).

Mr. MURPHY of Florida. I thank the gentlewoman from Colorado (Ms. DEGETTE) for yielding and for her advocacy and work on this issue.

Today, on the anniversary of *Roe v. Wade*, which changed history for women in America by allowing them to control their own bodies, I rise against the effort to roll back these rights.

Though we have come a long way in the last 42 years, some politicians want to undo this progress and restrict access to critical medical procedures women may need. Why have we been debating whether the government should seize control over women's health decisions when the American people want us to work together to create good-paying jobs, balance the budget, and raise the minimum wage? Instead, this Chamber is wasting time with a divisive argument about whether the government should jeopardize a woman's access to medically necessary procedures.

Politicians are not medical experts, and we should not deny a woman the ability to make her own decisions with those she trusts the most. I ask my colleagues to focus on the economy instead of spending time on bills that divide this House and this country.

Mr. PITTS. Madam Speaker, I am pleased to yield 3 minutes to the gentlewoman from Missouri (Mrs. WAGNER).

Mrs. WAGNER. I thank the gentleman for yielding, and I thank him for his leadership on this very, very important issue.

Madam Speaker, I rise today in support of life. Today is a very joyous and hopeful day on what is a very sad anniversary. Today is the 42nd anniversary of the Supreme Court decision *Roe v. Wade*. Hundreds of thousands of pro-life advocates from across the country, and many from my own hometown of St. Louis, Missouri, will be on The Mall as we march in honor of the over 56 million precious angels we have lost over the last 42 years.

Madam Speaker, I believe in the sanctity of life, I believe that life begins at conception, and that every life is a gift.

There is an area where most Americans agree and where elected officials should all come together, and that is on the Federal funding of abortion. The majority of Americans do not want their hard-earned tax dollars going to pay for abortions, and Congress has consistently worked together over the years by attaching the Hyde amendment to appropriations bills to prevent taxpayer funds from going towards abortions.

That is why I am proud to cosponsor and support H.R. 7, the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act. There is no more appropriate day than today to consider such important legislation.

This bill does exactly what the name implies. It permanently ensures that no taxpayer dollars go to pay for abortion or abortion coverage. This bill codifies the Hyde amendment and also addresses taxpayer funding for abortion that, unfortunately, the Hyde amendment does not cover.

For example, ObamaCare expressly allows funding for plans that include abortion through taxpayer subsidies. During the health care debate, the President assured the American people that no Federal dollars would be used to fund abortions under ObamaCare. It was yet again another broken promise.

However, the No Taxpayer Funding for Abortion Act not only prevents taxpayer funding for abortion under ObamaCare, it also requires transparency to ensure the consumers are fully informed about which plans on the exchanges contain abortion coverage and surcharges.

Madam Speaker, throughout my life I have worked to draw attention to the pro-life movement—to change hearts and minds and to approach this issue with love and compassion. I will continue to work throughout my time in Congress towards the day when abortion is not only illegal but abortion is unthinkable.

I urge my colleagues on both sides of the aisle to support this important legislation.

Ms. DEGETTE. Madam Speaker, I am now pleased to yield 2 minutes to the distinguished gentlewoman from California (Ms. SPEIER).

Ms. SPEIER. I thank the gentlewoman from Colorado.

Madam Speaker, I want to first say to the other side of the aisle that I am grateful that some members of your caucus recognized that indeed extremism on this issue has got to come to an end and that you took steps to roll back the ridiculous bill that you had intended to bring up today but didn't have the votes for because they spoke up. And I am grateful to them.

In some respects, you look around this room and you think, Is this a Chamber of Congress or is this a doctor's office? We might as well have stethoscopes, stirrups, and speculums here because that is what you are doing. You are trying to come between a woman and her physician.

There is a lot of hoopla today because this is the anniversary of Roe v. Wade, and this is a messaging bill, so we are here messaging. Roe v. Wade was a decision by the Supreme Court of the United States of America, and when each of us became Members of this body this month, we swore that we would uphold the Constitution of the United States. But my colleagues on the other side of the aisle spend hours and hours wringing hands, trying to somehow find ways to undo constitutional decisions by the U.S. Supreme Court.

So we are here having yet another debate when American women in this country are far more interested in equal pay for equal work, paid sick leave, a child care tax credit that has some resemblance to what reality is in this country. But rather, we will continue to act like doctors here.

And I might add there are even some hypocrites on the other side of the aisle who have counseled their own girlfriends to have abortions. It is legal, Members. We have a right to maintain this legality.

Mr. PITTS. Madam Speaker, I am very pleased to yield 2 minutes to the distinguished gentleman from California (Mr. LAMALFA), another eloquent pro-life force.

Mr. LAMALFA. I thank the gentleman for yielding.

Madam Speaker, today, I am glad to be a Californian who is in favor of H.R. 7, the No Taxpayer Funding for Abortion Act.

Indeed, we have heard some interesting debate on this today, deflecting issues like higher pay or building more infrastructure, which we desperately need in California, as well as the water supply, and even entering the word "child care" in when we are talking about paying for abortions. Interesting. Even words like "access." Well, abortion has been certainly accessible for 42 years, millions of times.

The central point is, Are the taxpayers going to be compelled to pay for it? Are the American people out there—those 68 percent, in the latest poll—going to be compelled to pay for something?

Jefferson said:

To compel a man to furnish contributions of money for the propagation of opinions which he disbelieves is sinful and tyrannical.

People who are pro-life, as well as many that are pro-choice, might agree with the idea that abortion should be available—on the pro-choice side. But many, many disagree, a supermajority. The number of people who disagree with this would override a veto in these two Houses in the Capitol.

Yet what we are finding in my own State of California is an interpretation of ObamaCare—which is one of those job-killing, non-infrastructure building items that is hurting our economy in California and in this country—where we are being compelled, whether you are a church or religious charity, employer or individual, to have included

in your insurance plans these provisions paying for abortions.

Where is the freedom in that? Where is the conscientious objection to that? Where is the freedom of expression that I hear a lot from the other side of the aisle—until recent years? Our First Amendment?

This bureaucratic mandate, which includes their opinion on what it would be under ObamaCare, largely done quietly, in the middle of the night, out of the public eye, is now being put on Californians. We need to send the message back that Californians should not be compelled to have to provide this in their coverage.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. I thank my friend for yielding.

Madam Speaker, I feel compelled to point out, after listening to the debate and the hyperbole, the passionate thoughts of what a high priority this is for the Republican leadership to bring this bill to the floor—such a high priority that they didn't think about it until late last night. They didn't bring it to committee. They rushed it to the floor without having even thought of this legislation until late last night. Such a high priority. We know, the American people know, this is political theater.

In listening to the debate, it is also quite revealing in listening to some of the comments made that this is not about taxpayer funding for the health care choices that American women legally have and the Constitution supports and that the Supreme Court clarified 42 years ago, but it is about preventing women from making that choice in the first place. That is a choice that ought to be made by women, by themselves, in consultation with their health care provider, and not by Members of Congress.

Mr. PITTS. Madam Speaker, might I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from Pennsylvania has 6½ minutes remaining. The gentlewoman from Colorado has 10½ minutes remaining.

Mr. PITTS. Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 1½ minutes to the distinguished gentlewoman from the District of Columbia, Congresswoman ELLEANOR HOLMES NORTON.

Ms. NORTON. Madam Speaker, I thank the gentlewoman from Colorado.

Is there any way to make an anti-women, anti-health, anti-choice bill worse? Sure there is. Add a provision that keeps a local jurisdiction—the District of Columbia—from spending its own local funds on abortion services for poor women, exactly as 17 States of the Union do. Americans will ask: How on Earth can you do that in this country? Laughably—by declaring the District of Columbia government to be a virtual Federal agency.

This bill hurts millions of women across the country who have a constitutional right to make choices about

their own health. It compounds that discrimination by violating the oldest American principle—local control of local funds.

The Senate has repeatedly rejected this bill, and I expect them to have the good sense to repeat that rejection.

□ 1215

Mr. PITTS. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Madam Speaker, I rise today on the 42nd anniversary of the Supreme Court's decision in *Roe v. Wade* in support of H.R. 7, the No Taxpayer Funding for Abortion Act. This vital bill establishes that no taxpayer funds be used for abortion, including plans that cover abortion under the President's health care law.

These restrictions will save lives. According to the research by the Guttmacher Institute, policies that cut taxpayer funds towards abortion will actually prevent 25 percent or more of the abortions that would otherwise take place.

Furthermore, recent polling has demonstrated that the American public is widely opposed to taxpayer funds for abortion. According to a Marist poll released in January of this year, 68 percent of the respondents opposed taxpayer funds for abortion. A CNN poll from last year shows that 56 percent of respondents oppose public funding for abortion.

As a mother of four, I know personally how precious the gift of human life is and how important it is to honor that gift. As legislators, it is both our job and responsibility to protect the innocent lives of the unborn and to serve as a voice for those who do not yet have one.

Today, the U.S. House has a historic opportunity to put an end to the use of taxpayer funding for abortion. In drafting the Virginia Statute for Religious Freedom, Thomas Jefferson so wisely penned: "To compel a man to furnish contributions of money for the propagation of opinions in which he disbelieves and abhors is sinful and tyrannical."

Madam Speaker, I emphatically agree.

Ms. DEGETTE. Madam Speaker, I am now pleased to yield 2 minutes to the gentlewoman from North Carolina (Ms. ADAMS), one of our distinguished new Members.

Ms. ADAMS. Madam Speaker, absolutely outrageous, that is what Republicans' attempt to repeal *Roe v. Wade* on its 42nd anniversary is, absolutely outrageous.

A blatant attack on women and their families, their first attempt, H.R. 36, failed because women of both parties spoke out to let our male Republican colleagues know they have gone too far.

The women of this House know that a woman cannot call herself free who

does not own or control her own body. We are free, Madam Speaker.

Here we go again, H.R. 7, another attempt to attack women's rights. It especially impacts women of color—not on my watch.

Women of the House, let's do it again. Let's prevent this legislation from moving forward, and let's vote "no."

Mr. PITTS. Madam Speaker, I yield myself such time as I may consume.

First of all, abortion is not health care. It is a brutal procedure that ends the lives of unborn children through suction, dismemberment, decapitation, or chemical poison. It is the most violent form of death known to mankind.

As Frederica Mathewes-Green, former chair of the Feminists for Life, said:

Abortion breaks a mother's heart.

She said:

There are always two victims in an abortion. One is the baby, and one is the mother; one is dead, one is wounded.

Madam Speaker, this human rights abuse should not be paid for or encouraged by government taxpayer money. The women in the Silent No More Awareness Campaign and the women in Operation Outcry point out that abortion not only takes the lives of the unborn child, it wounds all the mothers. We should keep this in mind.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I am now pleased to yield 2 minutes to the distinguished gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. I thank my good friend, DIANA, for her leadership on this issue and for so many other important issues and for yielding to me.

Madam Speaker, despite the rhetoric we have heard from our Republican colleagues about their commitment to focusing, laserlike, on what the American people care about most—creating jobs and accelerating economic growth—the only thing that they have accelerated in this new Congress is their attacks on a woman's constitutional rights.

In just their first 7 days in office, our Republican colleagues have introduced six anti-choice bills and brought two of them to the floor for debate; so rather than focus on jobs, we have a bill that is not only an assault on women, it is pure political posturing that is guaranteed to be vetoed, even if it makes it through the Senate. The President has made that clear.

We need to focus on what the vast majority of the American people have asked us to do: create greater economic opportunity for all Americans.

Mr. PITTS. Madam Speaker, I yield myself such time as I may consume.

The gentlelady said what the American people care about. Well, a Marist poll released this month found that 68 percent of the respondents oppose taxpayer funding for abortion. A February 2014 CNN poll showed that 56 percent of

the respondents opposed public funding of abortion. A January 2010 Quinnipiac University poll showed 67 percent of the respondents opposed Federal funding of abortions.

A November 2009 Washington Post poll showed 61 percent of the respondents opposed government subsidies for health insurance that includes abortion. A September 2009 International Communications Research poll showed that 67 percent of respondents opposed measures that would require people to pay for abortion coverage with their Federal taxes.

We know what the American people care about.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I just have to end with what I started with. There is no Federal taxpayer funding for abortion. There has not been for many decades.

Some people, like me, think that this is an ill-conceived public policy, but it is the law of the land, it is the law of the land every year in the appropriations bill, and it is part of the compromise that was negotiated with the Affordable Care Act, so we need to keep that in mind as we talk about what this legislation does.

What this legislation will do is it will take away the ability of women in the exchanges to buy comprehensive health care insurance with their own money.

Now, I heard many speakers on the other side of the aisle today talk about their deep concerns about abortion and unwanted pregnancies. Well, I will tell you something: if you want to reduce unwanted pregnancies—which all of us in this room do—what you need to do is give women quality health insurance with robust family planning and a full range of health care services.

The Guttmacher Institute, in a 2010 study, showed, happily, that teen pregnancy in this country was at the lowest rate in over 30 years. Do you know why? Two reasons: number one, birth control for these teenagers; and, number two, comprehensive health insurance.

This Congress which has passed, over and over again, restrictions on birth control access—not just for teens, but for all women—and restrictions on comprehensive family planning is actually passing legislation that is going to stop this decrease in unwanted teen pregnancies.

It is an ill-conceived policy. It is a wrongheaded policy. If we want to stop unwanted pregnancies, the way to do it is to have comprehensive health insurance for all American women.

Now, the majority, at the last minute, pulled the bill with the egregious provisions on rape that would have required rape victims to affirmatively go to the police before they could raise the exception, but don't make any mistake about it, this bill is just as egregious as that bill.

The reason it is is because, in an unprecedented move, it stops American women and their families from being able to get comprehensive health insurance with their own money.

What would happen is it would open up a significant divide between the coverage that large employers would give to families and small employers and individuals.

Now, the other thing this does is it reopens the debate and the compromise that we had in the Affordable Care Act. The compromise we made in that bill was that there would be no public funding for abortion under the Affordable Care Act.

It was negotiated, it was agreed upon, and as the other side admitted, the President issued an executive order saying he would enforce the current law on that, and, in fact, that is what happened.

The act required two separate premium payments for women and their families who receive premium tax credits and choose coverage that includes abortion services. The act is clear in its language. No portion of premium tax credits may be used to pay for the portion of comprehensive health coverage that is purchased in the marketplaces that relates to abortion services.

The compromise was agreed upon by pro-life groups like the Catholic Health Association and everybody else, and now, this compromise is being thrown out the window.

Well, our opponents say there was a GAO report last September that said that insurance companies were not segregating the funds, so they say that that means, somehow, Federal dollars are being used to pay for abortions.

Well, after that GAO study came out, Madam Speaker, the HHS promulgated a new rule clarifying the agreement under the Affordable Care Act that the funds had to be segregated, and they promulgated this rule on Wednesday, November 26.

Madam Speaker, I will insert that proposed rule into the RECORD at the end of my remarks.

So this compromise is being honored by the administration.

Now, early in this debate, I asked my opponents to please give me one example where Federal taxpayer dollars have been used to pay for abortions. I haven't heard that example, and it is because it is not happening. This is a false issue that is being raised.

I would submit to everybody here: let's stop talking about this false issue just because there are a whole bunch of people in town who want us to pass some legislation; let's talk about some real issues.

We just received a Statement of Administration Policy from the White House. Not surprisingly, the administration has said that the President would veto this bill. The bill is likely dead on arrival in the Senate, but even if it did pass, it would be vetoed.

I have a suggestion for my colleagues on both sides of the aisle: let's take up

some issues that the women and families of America care about; let's take up the issue of how we are going to give women good jobs with comprehensive health insurance, so they can make their own decisions, along with their family and their doctor.

Let's talk about legislation that will allow women of America to get jobs that have equal pay for equal work to the men. Let's talk about a bill that will give tax credits for families who have to struggle every month to pay for child care for their little kids. Let's talk about that.

□ 1230

And finally, let's talk about parental leave, which virtually every other country in the world has, so that when families have children whom they love so much and want to take care of, they won't have to go back to work because their employer doesn't pay them for family leave. Let's talk about that because, Madam Speaker, that is what the women and families of America want us to talk about.

I urge us to reject this legislation. I urge a "no" vote.

g. Segregation of Funds for Abortion Services (§156.280)

Section 1303 of the Affordable Care Act and §156.280 specify accounting and other standards for issuers of QHPs through the Exchange in the individual market that cover abortion services for which public funding is prohibited (also referred to as non-excepted abortion services). The statute and regulations establish that unless otherwise prohibited by State law, a QHP issuer may elect to cover such services. If an issuer elects to cover such services under a QHP sold through the individual market Exchange, the issuer must take certain steps to ensure that no premium tax credit or cost-sharing reduction funds are used to pay claims for abortion services for which public funding may not be used.

We are providing guidance on an individual market Exchange issuer's responsibilities with respect to requirements related to QHP coverage of abortion services for which public funding is prohibited. HHS works with stakeholders, including States and issuers, to help them fully understand and follow the statutes and regulations governing the provision of health insurance coverage under a QHP through the Exchange. As is the case with many provisions in the Affordable Care Act, States and State insurance commissioners are the entities primarily responsible for implementing and enforcing the provisions in section 1303 of the Affordable Care Act related to individual market QHP coverage of nonexcepted abortion services. OPM may issue guidance related to these provisions for multi-State plan issuers.

Under section 1303(b)(2)(B) of the Affordable Care Act, as implemented in §156.280(e)(2)(i), individual market Exchange issuers must collect a separate payment from each enrollee, for an amount equal to the AV of the coverage for abortions for which public funding is prohibited. However, section 1303 of the Affordable Care Act and §156.280 do not specify the method an issuer must use to comply with the separate payment requirement. This provision may be satisfied in a number of ways. Several such ways include, but are not limited to: sending the enrollee a single monthly invoice or bill that separately itemizes the premium amount for nonexcepted abortion services;

sending a separate monthly bill for these services; or sending the enrollee a notice at or soon after the time of enrollment that the monthly invoice or bill will include a separate charge for such services and specify the charge. Section 1303 of the Affordable Care Act permits, but does not require a QHP issuer to separately identify the premium for non-excepted abortion services on the monthly premium bill in order to comply with the separate payment requirement. A consumer may pay the premium for non-excepted abortion services and for all other services in a single transaction, with the issuer depositing the funds into the issuer's separate allocation accounts as required by section 1301(b)(2)(C) of the Affordable Care Act, as implemented in §156.280(e)(2)(ii) and §156.280(e)(3).

Section 1303(b)(2)(D) of the Affordable Care Act, as implemented in §156.280(e)(4), establishes requirements for individual market Exchange issuers with respect to how much they must charge each QHP enrollee for coverage of abortions for which public funding is prohibited. A QHP issuer must estimate the basic per enrollee, per month cost, determined on an average actuarial basis, for including coverage of non-excepted abortion services. In making this estimate, a QHP issuer may not estimate the basic cost of coverage for non-excepted abortion services to be less than one dollar per enrollee, per month. This means that an issuer must charge each QHP enrollee a minimum premium of one dollar per month for coverage of non-excepted abortion services.

STATEMENT OF ADMINISTRATION POLICY

H.R. 7—NO TAXPAYER FUNDING FOR ABORTION ACT

(Rep. Smith, R-New Jersey, and 20 cosponsors)

The Administration strongly opposes H.R. 7. The legislation would intrude on women's reproductive freedom and access to health care; increase the financial burden on many Americans; unnecessarily restrict the private insurance choices that consumers have today; and restrict the District of Columbia's use of local funds, which undermines home rule. Longstanding Federal policy prohibits the use of Federal funds for abortions, except in cases of rape or incest, or when the life of the woman would be endangered. This prohibition is maintained in the Affordable Care Act and reinforced through the President's Executive Order 13535. H.R. 7 would go well beyond these safeguards by interfering with consumers' private health care choices. The Administration strongly opposes legislation that unnecessarily restricts women's reproductive freedoms and consumers' private insurance options.

If the President were presented with H.R. 7 his senior advisors would recommend that he veto this bill.

Ms. DEGETTE. I yield back the balance of my time.

Mr. PITTS. Madam Speaker, I yield myself such time as I may consume.

Again, on the so-called compromise, I offered the Hyde language in the committee, and we won in a bipartisan vote. Chairman Waxman recessed, changed the votes, stripped it out, and brought it to the floor without Hyde. I was involved in the negotiation.

I wrote the Stupak-Pitts amendment. I know what the compromise is with the so-called executive order. It is full of loopholes. The Hyde amendment does not apply to the Affordable Care Act.

I yield such time as he may consume to the distinguished gentleman from

Pennsylvania (Mr. KELLY), another pro-life champion.

Mr. KELLY of Pennsylvania. I thank the gentleman.

Madam Speaker, make no mistake about what this debate is about. H.R. 7 codifies that no taxpayer money would be given for abortions.

But the real debate on the floor today is about life. We are talking about life in the people's House, on the floor of the people's House. We are talking about a gift from God. We are talking about something that was so well put into our Declaration of Independence—life, liberty, and the pursuit of happiness, the first of those being life. I understand that there is a serious debate about that.

There are times that people say: Listen, we are not really ready right now for this child. But expectant mothers and unborn children have got to be protected. My goodness, in a nation that recoils at the news around the world, at the loss of life, and says this is horrible what is happening in Syria, this is horrible what is happening in the Middle East, this is horrible that this is happening, then we want to go there, and we want to rush to help people because there is a loss of life, and then in our own country we have turned a blind eye and a deaf ear to the loss of 56 million unborn children. These are lives that were lost that did not have to be lost.

I know there is a law that says they have the right to make that decision. It may be legal, but I don't think it is right.

As far as giving a gift to the 500,000 or so people that are in Washington today in the pro-life march, this is not a gift from the Republican Party to these people. This is a gift from our Creator, Himself, on reproduction. How we have demeaned this and reduced it down to a political discussion is absolutely abhorrent.

Never, never has this country ever turned its back on the most vulnerable.

I have been there for the birth of my four children. I have 10 grandchildren now. I have also held the hands of my mother, my father, and my sister as they died. There is nothing more precious than life. There is just nothing more precious than that.

I ask all my colleagues to vote in favor of H.R. 7 to answer the American people who say we do not want to fund abortion, to end this debate, and let's move forward.

Mr. PITTS. I yield back the balance of my time.

Mr. FARR. Madam Speaker, this bill is simply outrageous. It was bad enough that the Majority brought to the floor H.R. 36 outside the regular order. But the Majority had to pull that bill when the women in their Conference informed their Leadership just how bad the bill was and that they could not vote for it. Undeterred at its 'war on women' the Majority pulled H.R. 36 and rushed to the floor an equally offensive bill, H.R. 7. This new bill, H.R. 7, the so-called No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure

Act of 2015 is simply an attempt to substitute one anti-family bill for another. Timed to coincide with the annual pro-life march in Washington, this is a blatant attempt at pandering to their base.

During the last elections, the Republicans made quite a show of how they would run the Congress by regular order and make Congress work for the American people. However, we have had mere hours notice that this bill would even be brought to the floor. The bill was introduced yesterday and has already been fast tracked by the leadership to be on the floor this morning! Needless to say, there was NO committee debate and NO opportunity to amend the bill in any way. No one has even had a chance to read the bill. Who says those in Congress can't get things done quickly when they want to?

Supporters of the bill argue that it will simply codify the Hyde amendment and permanently prohibit taxpayer funding of abortion. However, we all know that is false. H.R. 7 is actually much more nefarious than that. It seeks to restrict women's reproductive rights and access to health care; increase healthcare premiums for many Americans and small businesses; and, limit the private insurance choices of consumers. It will almost certainly guarantee that insurance companies will no longer offer abortion coverage to consumers.

The Republicans in the House are continuing the mission to completely eliminate women's reproductive rights and their access to healthcare. As with the previous version of this bill, H.R. 7 is nothing more than a statement bill.

In addition, this bill also undermines the D.C. home rule. H.R. 7 prohibits D.C. from using its own Medicaid funds to provide abortion, language that is already included in the annual appropriations bill. This is despite the fact that 17 states currently use their own state funds to provide abortion.

Madam Speaker, H.R. 7 is the antithesis of Republicans stated goal of "small government." How can the Majority be so hypocritical? The Republican Majority is using this bill to reach into the lives of millions of Americans and make their health care decisions for them.

Mr. SAM JOHNSON of Texas. Madam Speaker, our Great Nation was founded upon the idea that ALL men are "endowed by their Creator with certain unalienable Rights." And the first right mentioned in our Declaration of Independence is that of Life. We must do all we can to uphold this most fundamental value.

Today is the anniversary of the tragic Roe v. Wade ruling. In response, thousands of people have come to Washington, DC to participate in the annual March for Life so that those who cannot speak for themselves do have a voice.

In solidarity, the House is also taking action to uphold our founding principles and protect our unborn by voting to reaffirm that no federal funding—including Obamacare subsidies—shall be used to pay for or subsidize abortions. At a time when our national debt is over \$18 trillion, to allow any federal funding for abortions would be a breach in the trust that the American public has placed in us to be good stewards of taxpayers' dollars—but more importantly, to protect our unborn.

I have consistently cosponsored and voted for legislation that continues the prohibition on federal funding for abortions, and I fully sup-

port H.R. 7. I am dedicated to protecting the sanctity of human life, which begins at conception. While today's vote is crucial to protecting the unborn, we cannot rest. Therefore I look forward to joining millions of Americans as we continue the important work of fully protecting our God-given right to Life for ALL, including our most innocent.

Mr. CONNOLLY. Madam Speaker, goundhog Day isn't for a couple more weeks, but you wouldn't know that from looking at the Republican majority's agenda these past few weeks. They've brought up one partisan bill after another that already proved unsuccessful in previous years.

Today, we are revisiting the No Taxpayer Funding for Abortion Act, which is misleading and redundant to say the least and represents yet another attempt by Republicans to restrict a woman's reproductive rights and access to lifesaving health services. In fact, it's their second attempt this week after they had to pull a controversial and unconstitutional 20-week (abortion) ban due to lack of support on their side of the aisle.

The contradiction between this narrow, ideological agenda and the message Republicans attempted to convey in their response to the President's State of the Union address this week—in which they claimed they would be "working to change the direction in Washington" and passing "serious job-creation ideas"—is stark.

Aside from denying care to women in the most desperate of circumstances, this bill would go beyond the current Hyde Amendment to place restrictions on how women with private insurance can spend private dollars in purchasing health insurance. It is a prima facie infringement of women's constitutional rights.

Madam Speaker, as polarizing as these debates continue to be, I believe we should make decisions based on this country's founding principles of personal liberty that should always guide this body on the subject of women's reproductive health.

Mr. DANNY K. DAVIS of Illinois. Madam Speaker, I join with women's rights advocates, health care stakeholders, and religious groups in opposing H.R. 7, the Unprecedented, Radical Assault on Women's Health Care Act. This piece of legislation is another attempt by politicians to control women's private health care choices.

As we emerge from one of the worst economic crises in our nation's history, Congressional leaders should focus on bills to increase Americans' paychecks, create jobs, improve education, and incentivize investment in America rather than jeopardize the health of American women and undermine longstanding Supreme Court precedence regarding women's reproductive health.

Politicians are not medical experts, yet this bill today allows politicians to control women's private health care decisions. Politics should not drive medical decisions.

I firmly believe that the American people wish to see their representatives focus on proactive policies that strengthen our economy and address their health care needs, such as by increasing access to affordable health care and reducing health disparities. Rather than imposing national restrictions on private medical decisions, policymakers should focus on keeping Americans healthy via comprehensive health care, healthy pregnancies, and healthy children. Rather than allowing the federal government to violate the basic constitutional

rights of women, we should increase our investment in research and development, help students afford and succeed in college, raise the minimum wage, strengthen our roads and bridges, and invest in our communities.

America needs policymakers who support our citizens, not who subordinate them. I cannot support this bill that allows politics to control women's medical choices, and I urge my colleagues to oppose.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today to express my opposition to H.R. 7, the No Taxpayer Funding for Abortion Act.

Longstanding federal policy explicitly prohibits the use of federal funds for abortions, except for certain narrow circumstances of rape, incest, or severe health complications that threaten the life of the mother. The Affordable Care Act (ACA) maintains this ban and a federal appeals court confirmed that no federal dollars may be used to pay for abortion services under the law.

Far more sweeping in scope than the title implies, the No Taxpayer Funding for Abortion Act goes well beyond codifying the Hyde Amendment and protecting public funds. This bill intrudes on women's reproductive autonomy and access to health care, manipulates the tax code to put additional financial burdens on many women and small businesses, and unnecessarily restricts the private insurance choices available to consumers today.

The House of Representatives should be spending our time working to improve access to health care for all Americans, instead of deceptive legislation that interferes with a woman's ability to make personal, private medical decisions.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 42, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. MOORE. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. MOORE. Yes, Madam Speaker. I am opposed to it in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Moore moves to recommit the bill H.R. 7 to the Committee on the Judiciary with instructions to report the same back to the House forthwith, with the following amendment:

Add at the end of the bill the following (and conform the table of contents accordingly):

TITLE III—RULE OF CONSTRUCTION

SEC. 301. PROTECTING THE MEDICAL PRIVACY OF WOMEN, INCLUDING VICTIMS OF RAPE AND INCEST.

Nothing in this Act shall be construed to authorize any party to violate, directly or indirectly, the medical privacy of any woman, including the victims of rape or incest, with respect to her choice or use of comprehensive health insurance coverage.

Mrs. BLACKBURN (during the reading). Madam Speaker, I reserve a point

of order against the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will read.

The Clerk continued to read.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin is recognized for 5 minutes in support of her motion.

Ms. MOORE. Madam Speaker, this is the final amendment to the bill, and it will not kill the bill or send it back to committee. If this amendment is adopted, the bill, as amended, will immediately proceed to final passage.

As the Clerk has indicated, Madam Speaker, this motion to recommit would merely protect the medical privacy of millions of women, including those women who are victims of rape and incest. It would ensure that nothing in H.R. 7, the underlying legislation, could be construed to allow any entity to violate the medical privacy of any woman, including these victims, when it comes to her choice of comprehensive health care services.

Madam Speaker, we have heard a great debate here today, and we have heard, Madam Speaker, the majority party insist that we need to codify the 1976 Hyde amendment prohibiting poor women from having abortions.

I can assure you that, as we have looked over the past 42 years here on the anniversary of Roe v. Wade, we have seen that low-income women—particularly women of color—have been disproportionately impacted by the very successful implementation of the Hyde amendment. Women have been forced to choose between food and shelter. They have been forced to choose between the best interests of their health, and they have given birth, on many occasions, even despite their poor health status, their poor economic status, or their poor emotional status to children who are poor.

We have heard data and statistics about the number of unborn persons as a result of abortion. We have not heard one single statistic about the number of children who are born in dire poverty only, Madam Speaker, to be humiliated in this Chamber over and over again, being called “products of the culture of dependency,” who are killed by cuts, death by 1,000 cuts—cuts to food stamps, cuts to WIC, cuts to Head Start, cuts to educational opportunity. Death by 1,000 cuts. We have not heard anyone on the other side speak about that misalignment.

But with this legislation, it is not enough to stop low-income women, poor women, particularly women of color—African Americans, Asians, Native American women, Latinas—it is not enough to prevent them from abortions. Some of them have become pregnant because of rape and incest and forced trafficking who have diabetes and other underlying health problems. That is not enough.

This legislation is so nefarious as to try to prevent the women who have

been lucky enough to get a job in a small business, lucky enough to be able to afford to buy insurance and use their own money to buy insurance—they have been lucky enough to do that—to prevent them, by some extraneous nexus—supposedly health care-funded payments through the Affordable Care Act—from seeking this health care. This is really, really a backdoor approach to really trying to undermine the law of the land, Roe v. Wade.

Many women, Madam Speaker, know on a personal level the history of shame and stigma that come forward when they are trying to seek the best remedy for their life at that time, for whatever reason that they need to have an abortion.

I know personally, Madam Speaker, of young women who have been 13 years old and who have become victims of statutory rape, and the best solution for their lives at that time and for their health is an abortion because their life is truly in danger. This is the kind of bill that would prevent them from having that opportunity.

Madam Speaker, I hope that you will accept this motion to recommit, and I yield back the balance of my time.

Mrs. BLACKBURN. Madam Speaker, I withdraw my point of order, and I claim the time in opposition to the motion.

The SPEAKER pro tempore. The reservation is withdrawn.

The gentlewoman from Tennessee is recognized for 5 minutes.

Mrs. BLACKBURN. Madam Speaker, we have heard a lot of charges and accusations that were made by some of my colleagues as they have chosen to describe the bill before us today, H.R. 7, so I want to be clear about what the bill before us does do and does accomplish.

This bill follows a longstanding principle, as my colleague said, going back to 1976, the principle that the American people and Members from both sides of the aisle in both Chambers of Congress have supported for decades, and that is taxpayer dollars should not be spent on abortions and abortion coverage. The vast majority of my colleagues voted for this exact same principle in countless appropriations bills, including a bill that we passed out of this Chamber last month. Yet today, some Members are fighting the widely shared belief that taxpayer dollars should not be used to take an innocent life.

The bill before us today also provides much-needed transparency regarding which health plans on the exchange pay for abortions. The Obama administration promised to provide Congress and the American people a list of plans in ObamaCare that covered abortion, yet they refused to live up to that promise. They forced Congress to act. And, indeed, the GAO has informed us that 1,036 plans include abortion coverage. There is no excuse—no excuse—to hide information about abortion coverage from the American people.

Madam Speaker, 68 percent, a vast majority of the American people believe there should be no taxpayer money used for abortion and abortion coverage.

HHS has forced Congress to act on this issue. The commonsense transparency requirement that is in H.R. 7 is needed, and it is supported by all Members. So that is what this bill is about, following an established bipartisan principle and providing transparency.

I urge my colleagues, each and every one, to vote to protect life, to vote to protect taxpayer dollars, and to promote transparency by rejecting the motion to recommit and supporting the underlying bill. I urge a “no” vote on the recommitment.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. MOORE. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage of the bill.

The vote was taken by electronic device, and there were—yeas 177, nays 240, not voting 16, as follows:

[Roll No. 44]

YEAS—177

Adams	DeFazio	Kilmer
Aguilar	DeGette	Kind
Ashford	Delaney	Kirkpatrick
Bass	DeLauro	Kuster
Beatty	DelBene	Langevin
Becerra	DeSaulnier	Larsen (WA)
Bera	Dingell	Larson (CT)
Beyer	Doggett	Lawrence
Bishop (GA)	Doyle (PA)	Lee
Blumenauer	Edwards	Levin
Bonamici	Ellison	Lewis
Boyle (PA)	Engel	Lieu (CA)
Brady (PA)	Eshoo	Lipinski
Brown (FL)	Esty	Loeb sack
Brownley (CA)	Farr	Lofgren
Bustos	Fattah	Lowenthal
Butterfield	Foster	Lowe
Capps	Frankel (FL)	Lujan Grisham
Capuano	Fudge	(NM)
Cárdenas	Gabbard	Luján, Ben Ray
Carney	Gallago	(NM)
Carson (IN)	Garamendi	Lynch
Cartwright	Graham	Maloney
Castor (FL)	Grayson	Carolyn
Castro (TX)	Green, Al	Matsui
Chu (CA)	Grijalva	McCollum
Cicilline	Gutiérrez	McDermott
Clark (MA)	Hahn	McGovern
Clarke (NY)	Heck (WA)	McNerney
Clay	Higgins	Meng
Cleaver	Himes	Moore
Clyburn	Honda	Moulton
Cohen	Hoyer	Murphy (FL)
Connolly	Huffman	Nadler
Conyers	Israel	Napolitano
Cooper	Jackson Lee	Neal
Costa	Jeffries	Nolan
Courtney	Johnson (GA)	Norcross
Crowley	Johnson, E. B.	O'Rourke
Cuellar	Keating	Pallone
Cummings	Kelly (IL)	Pascarell
Davis (CA)	Kennedy	Payne
Davis, Danny	Kildee	Pelosi

Peters	Schakowsky
Peterson	Schiff
Pingree	Schrader
Pocan	Scott (VA)
Polis	Scott, David
Price (NC)	Serrano
Quigley	Sewell (AL)
Rangel	Sherman
Rice (NY)	Sinema
Richmond	Sires
Roybal-Allard	Slaughter
Ruiz	Speier
Ruppersberger	Swalwell (CA)
Ryan (OH)	Takai
Sánchez, Linda T.	Takano
Sánchez, Loretta	Thompson (CA)
Sarbanes	Thompson (MS)
	Titus

NAYS—240

Abraham	Grothman
Aderholt	Guinta
Allen	Guthrie
Amash	Hanna
Amodei	Hardy
Babin	Harper
Barletta	Harris
Barr	Hartzler
Barton	Heck (NV)
Benishek	Hensarling
Bilirakis	Herrera Beutler
Bishop (MI)	Hice (GA)
Bishop (UT)	Hill
Black	Holding
Blackburn	Hudson
Blum	Huelskamp
Bost	Huizenga (MI)
Boustany	Hultgren
Brady (TX)	Hunter
Brat	Hurd (TX)
Bridenstine	Hurt (VA)
Brooks (AL)	Issa
Brooks (IN)	Jenkins (KS)
Buchanan	Jenkins (WV)
Buck	Johnson (OH)
Bucshon	Jolly
Burgess	Jones
Byrne	Jordan
Calvert	Joyce
Carter (GA)	Kaptur
Chabot	Katko
Chaffetz	Kelly (PA)
Clawson (FL)	King (IA)
Coffman	King (NY)
Cole	Kinzing (IL)
Collins (GA)	Kline
Collins (NY)	Knight
Comstock	Labrador
Conaway	LaMalfa
Cook	Lamborn
Costello (PA)	Lance
Cramer	Latta
Crawford	LoBiondo
Crenshaw	Long
Culberson	Loudermilk
Curbelo (FL)	Love
Davis, Rodney	Lucas
Denham	Luetkemeyer
Dent	Lummis
DeSantis	MacArthur
DesJarlais	Marino
Dold	Masse
Duffy	McCarthy
Duncan (SC)	McCaul
Duncan (TN)	McClintock
Ellmers	McHenry
Emmer	McKinley
Farenthold	McMorris
Fincher	Rodgers
Fitzpatrick	McSally
Fleischmann	Meadows
Fleming	Meehan
Flores	Messer
Fortenberry	Mica
Fox	Miller (FL)
Franks (AZ)	Miller (MI)
Frelinghuysen	Moolenaar
Garrett	Mooney (WV)
Gibbs	Mullin
Gibson	Mulvaney
Gohmert	Murphy (PA)
Goodlatte	Neugebauer
Gosar	Newhouse
Gowdy	Noem
Granger	Nugent
Graves (GA)	Nunes
Graves (LA)	Olson
Graves (MO)	Palazzo
Griffith	Palmer

Tonko	Paulsen
Torres	Pearce
Tsongas	Perry
Van Hollen	Pittenger
Vargas	Pitts
Veasey	Poe (TX)
Vela	Poliquin
Velázquez	Pompeo
Visclosky	Posey
Sires	Price (GA)
Wasserman	Ratcliffe
Speier	Reed
Schultz	Reichert
Waters, Maxine	Renaacci
Watson Coleman	Ribble
Welch	Rice (SC)
Wilson (FL)	Rigell
Yarmuth	Roby

Paulsen	Roe (TN)
Pearce	Rogers (AL)
Perry	Rogers (KY)
Pittenger	Rohrabacher
Pitts	Rokita
Poe (TX)	Rooney (FL)
Poliquin	Ros-Lehtinen
Pompeo	Roskam
Posey	Ross
Price (GA)	Rothfus
Ratcliffe	Rouzer
Reed	Royce
Reichert	Russell
Renaacci	Ryan (WI)
Ribble	Salmon
Rice (SC)	Sanford
Rigell	Scalise
Roby	Schock
Roe (TN)	Schweikert
Rogers (AL)	Scott, Austin
Rogers (KY)	Sensenbrenner
Rohrabacher	Sessions
Rokita	Shimkus
Rooney (FL)	Shuster
Ros-Lehtinen	Simpson
Roskam	Smith (MO)
Ross	Smith (NE)
Rothfus	Smith (NJ)
Rouzer	Smith (TX)
Royce	Stefanik
Russell	Stewart
Ryan (WI)	Stivers
Salmon	Stutzman
Sanford	Thompson (PA)
Scalise	Thornberry
Schock	Tiberi
Schweikert	Tipton
Scott, Austin	Trott
Sensenbrenner	Turner
Sessions	Upton
Shimkus	Valadao
Shuster	Wagner
Simpson	Walberg
Smith (MO)	Walden
Smith (NE)	Walker
Smith (NJ)	Walorski
Smith (TX)	Walters, Mimi
Stefanik	Weber (TX)
Stewart	Webster (FL)
Stivers	Wilson (SC)
Stutzman	Witman
Thompson (PA)	Womack
Thornberry	Woodall
Tiberi	Yoder
Tipton	
Trott	
Turner	
Upton	
Valadao	
Wagner	
Walberg	
Walden	
Walker	
Walorski	
Walters, Mimi	
Weber (TX)	
Webster (FL)	
Wilson (SC)	
Witman	
Womack	
Woodall	
Yoder	

Yoho	Young (IA)	Zeldin
Young (AK)	Young (IN)	Zinke

NOT VOTING—16

Carter (TX)	Hastings	Nunnelee
Deutch	Hinojosa	Perlmutter
Diaz-Balart	Johnson, Sam	Rush
Duckworth	Maloney, Sean	Smith (WA)
Forbes	Marchant	
Green, Gene	Meeks	

□ 1307

Mrs. COMSTOCK, Ms. GRANGER, and Mr. GARRETT changed their vote from “yea” to “nay.”

Messrs. FARR, KIND, BECERRA, and Mrs. CAPPS changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. GENE GREEN of Texas. Madam Speaker, on rollcall No. 44, had I been present, I would have voted “yes.”

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Ms. DEGETTE. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 242, noes 179, not voting 12, as follows:

[Roll No. 45]

AYES—242

Abraham	Davis, Rodney	Hudson
Aderholt	Denham	Huelskamp
Allen	Dent	Huizenga (MI)
Amash	DeSantis	Hultgren
Amodei	DesJarlais	Hunter
Babin	Diaz-Balart	Hurd (TX)
Barletta	Dold	Hurt (VA)
Barr	Duffy	Issa
Barton	Duncan (SC)	Jenkins (KS)
Benishek	Duncan (TN)	Jenkins (WV)
Bilirakis	Ellmers	Johnson (OH)
Bishop (MI)	Emmer	Jolly
Bishop (UT)	Farenthold	Jones
Black	Fincher	Jordan
Blackburn	Fitzpatrick	Joyce
Blum	Fleischmann	Katko
Bost	Fleming	Kelly (PA)
Boustany	Flores	King (IA)
Brady (TX)	Fortenberry	King (NY)
Brat	Fox	Kinzing (IL)
Bridenstine	Franks (AZ)	Kline
Brooks (AL)	Frelinghuysen	Knight
Brooks (IN)	Garrett	Labrador
Buchanan	Gibbs	LaMalfa
Buck	Gibson	Lamborn
Bucshon	Gohmert	Lance
Burgess	Goodlatte	Latta
Byrne	Gosar	Lipinski
Calvert	Gowdy	LoBiondo
Carter (GA)	Granger	Long
Chabot	Graves (GA)	Loudermilk
Chaffetz	Graves (LA)	Love
Clawson (FL)	Graves (MO)	Lucas
Coffman	Griffith	Luetkemeyer
Cole	Grothman	Lummis
Collins (GA)	Guinta	MacArthur
Collins (NY)	Guthrie	Marino
Comstock	Hardy	Masse
Conaway	Harper	McCarthy
Cook	Harris	McCaul
Costello (PA)	Hartzler	McClintock
Cramer	Heck (NV)	McHenry
Crawford	Hensarling	McKinley
Crenshaw	Herrera Beutler	McMorris
Cuellar	Hice (GA)	Rodgers
Culberson	Hill	McSally
Curbelo (FL)	Holding	Meadows

Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Newhouse
Noem
Nugent
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Peterson
Pittenger
Pitts
Poe (TX)
Poliquin
Pompeo
Posey
Price (GA)
Ratcliffe
Reed
Reichert
Renacci
Ribble

NOES—179

Adams
Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle (PA)
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu (CA)
Cicilline
Clark (MA)
Clarke (NY)
Clay
Clever
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Dingell
Doggett
Doyle (PA)
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard

Rice (SC)
Rigell
Robby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce
Russell
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart

Stivers
Stutzman
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NOT VOTING—12

Carter (TX)
Deutch
Duckworth
Forbes
Green, Gene
Hastings
Hinojosa
Johnson, Sam
Marchant
Nunnelee
Perlmutter
Thompson (MS)

□ 1315

Mr. KATKO changed his vote from “no” to “aye.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. SAM JOHNSON of Texas. Madam Speaker, on rollcall No. 45, I regrettably missed the vote, but I fully support this crucial legislation to protect the unborn. Had I been present, I would have voted “aye.”

Stated against:

Mr. GENE GREEN of Texas. Madam Speaker, on rollcall No. 45, had I been present, I would have voted “no.”

Mr. PERLMUTTER. Madam Speaker, on Thursday, January 22, 2015 I was not present to vote on H.R. 7, legislation intruding on women’s reproductive freedom and access to health care. I wish the record to reflect my intentions had I been present to vote. Had I been present for roll call No. 45, I would have voted “no.”

LEGISLATIVE PROGRAM

(Mr. HOYER asked and was given permission to address the House for 1 minute.)

Mr. HOYER. Mr. Speaker, I yield to the gentleman from California (Mr. MCCARTHY), the majority leader, for the purpose of inquiring about the schedule for the week to come.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, on Monday, the House will meet at noon for morning hour and 2 p.m. for legislative business. Votes will be postponed until 6:30 p.m. On Tuesday, the House will meet at 10 a.m. for morning hour and noon for legislative business. On Wednesday, the House will meet at 9 a.m. for legislative business. Last votes for the week are expected around noon. On Thursday and Friday, no votes are expected.

The House will consider a number of bipartisan suspensions next week to combat human trafficking. A complete list will be announced at close of business today.

In addition, the House will consider H.R. 351, authored by Representative BILL JOHNSON. This bipartisan bill will expedite liquefied natural gas exports to our allies. In order to boost our economy here at home and encourage global energy security, we must help clear the backlog of export applications currently pending at the Department of Energy, and I thank the gentleman from Ohio for sponsoring this important bill.

Finally, Mr. Speaker, the House will consider H.R. 399, the Secure Our Borders First Act, authored by Chairman MCCAUL, which requires the Department of Homeland Security to achieve operational control of our border. The

bill also ensures that we are using the latest technologies to assist with border enforcement and takes the commonsense step of allowing greater access to the border region—specifically, Federal lands—to Customs and Border Patrol officers.

I thank the gentleman.

Mr. HOYER. I thank the gentleman for his information. The last bill he says will be on the floor, I presume that it will be on the floor on Wednesday. Is that accurate?

I yield to the gentleman.

Mr. MCCARTHY. Yes, that is accurate.

Mr. HOYER. I thank the gentleman for that information.

As the gentleman knows, in the last Congress the Homeland Security Committee, chaired by Mr. MCCAUL, passed out of the committee a bipartisan bill that was supported—as a matter of fact, I think it was reported out by voice vote, and it was supported by Chairman MCCAUL and Ranking Member THOMPSON, as well as Republicans and Democrats from the committee.

As you know, so far this month in January we have spent time, frankly, recycling what we perceive to be partisan bills from the last Congress. Unfortunately, it appears that we are going to do the same thing next week, and I ask the majority leader, Mr. Speaker, we have a bipartisan bill that just months ago was supported by Democrats and Republicans, reported out of committee, not brought to the floor, unfortunately, but reported out of committee I think unanimously, or at least without voiced opposition, and now instead of taking that bill up, which we know has broad bipartisan support, we have a bill that is now going to be reported to the floor without going to committee, without being marked up—excuse me, it was marked up yesterday. I am corrected. It was filed and marked up within hours of one another, no considered judgment, no hearings. It may have been marked up, but no hearings, no notice to the public that the bill was pending, no opportunity for the public or Members to look at it. As I understand it, the committee was organized yesterday at 10 a.m., and this bill was considered at 2 p.m. or some time in that timeframe.

But my concern, Mr. Leader, is that we continue to go down the path of having bipartisan agreements worked out in committee, and now at the beginning of this Congress we are simply seeing partisan bill after partisan bill.

I understand that your side had a victory in the election and expanded your membership. However, the President, as he pointed out, is still in office, and in order to get something done—we are all for border security. That is why the committee reported out the bill in the last Congress. We had agreement on it. I lament the fact that we didn’t bring the bipartisan bill, which would have gotten overwhelming support, in my opinion. Substituting that on Wednesday, where we are going to come in at